



# What Consumers Say About the Quality of Their Health Plans and Medical Care

**National CAHPS®  
Benchmarking Database  
2004 Chartbook**

**November 2004**

# **NCBD 2004 Chartbook**

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The National CAHPS<sup>®</sup> Benchmarking Database (NCBD) is funded by the U.S. Agency for Healthcare Research and Quality and administered by Westat and Shaller Consulting under Contract Number 290-01-0003.

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## ***Introduction***

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The *NCBD 2004 Chartbook* presents summary-level results for the CAHPS® 3.0 Health Plan Survey for the years 2003 and 2004. These results were drawn from the National CAHPS® Benchmarking Database (NCBD), a data repository that is designed to support benchmarking and research related to consumer assessments of care. The NCBD is the nation's only resource that compiles data on consumer assessments of health care for Commercial (employer-sponsored), Medicaid, State Children's Health Insurance Program (SCHIP), and Medicare health plans in one place.

The NCBD publishes its *Chartbook* annually to provide sponsors of CAHPS surveys and others with the most recent national CAHPS survey results available. The data presented in this chartbook include summary-level distributions of CAHPS 3.0 Health Plan Survey results in 2003 and 2004 for the following populations:

- Commercial Adult
- Commercial Child
- Medicaid Adult
- Medicaid Child
- State Children's Health Insurance Program (SCHIP)
- Medicare Managed Care

The NCBD is funded by the Agency for Healthcare Research and Quality (AHRQ) and administered by Westat and Shaller Consulting through the CAHPS Survey Users Network. An advisory group composed of representatives from survey sponsors and other interested organizations provides oversight and direction for the NCBD.

All sponsors of CAHPS surveys that are administered independently according to CAHPS survey specifications are welcome to participate in the NCBD.<sup>1</sup> Commercial, Medicaid, and SCHIP sponsors submitting data to NCBD receive a customized report that compares their own results to appropriate national and regional benchmarks. Researchers may gain authorized access to the NCBD research files by submitting an application that is reviewed by a special committee of the NCBD Advisory Group.

Further information about the NCBD is available through the NCBD Web site at: <http://ncbd.cahps.org>.

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<sup>1</sup> CAHPS surveys that have not been administered according to CAHPS specifications are evaluated for comparability before data are reported in the Chartbook or included in the NCBD research files.

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## ***A Brief Overview of CAHPS***

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CAHPS refers to a family of survey instruments and reporting tools designed to measure important dimensions of health care performance from the consumer's point of view. The program to develop these surveys is sponsored by AHRQ, which is part of the U.S. Department of Health and Human Services.

The CAHPS Health Plan Survey was developed for use with all types of health insurance enrollees (Commercial, Medicaid, SCHIP, and Medicare) and across the full range of health care delivery systems – from fee-for-service to managed care plans. Versions are available for adults reporting on their own experiences as well as for parents or guardians reporting on the experience of care for their children. Supplemental questions may be added to meet the individual needs of users. For example, there are supplemental items for collecting data on the experiences of adults with chronic conditions.

New CAHPS surveys on patients' experiences with medical groups, clinicians, and hospitals are currently being developed and tested. The current version of the CAHPS Health Plan Survey also is being updated to more adequately reflect needs of users.

The **CAHPS Health Plan Survey and Reporting Kit** provides users with all the tools required to conduct the survey, analyze the data, and report the results. This Kit and further information on CAHPS products and resources are available at <http://www.cahps-sun.org>.

### **For More Information**

To learn more about the CAHPS program and its products and resources, visit <http://www.cahps-sun.org> or contact the CAHPS Survey Users Network:

- E-mail: [cahps1@westat.com](mailto:cahps1@westat.com)
- Telephone: 1-800-492-9261

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## ***Key Findings***

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The charts in this report present CAHPS 3.0 Health Plan Survey results for 2003 and 2004 in the Commercial, Medicaid, SCHIP, and Medicare Managed Care sectors. Because the data sources for the two years are not exactly the same (see Data Sources and Comparison Limitations, page 4), the results for 2003 and 2004 are not directly comparable. However, they are presented together in this report to enable readers to easily view the results of both years.

Survey results continue to remain largely consistent with those of previous years, reflecting an overall stability in consumer assessments of their health care. Key findings include:

- *The majority of survey respondents rate their medical care providers and overall health care highly.* Well over 50 percent of all respondents across all sectors rated their personal doctors and specialists either “9” or “10” on a 10-point scale where “0” is the worst possible and “10” is the best possible.
- *In general, respondents rate their health plans lower than they rate their personal doctors and specialists.* The exception to this is among SCHIP enrollees, who give their health plans higher ratings than their medical care providers.
- *Respondents across all sectors report the most positive experiences for questions related to “getting needed care.”* In contrast, questions related to “getting care quickly” receive the least positive responses.
- *Parents responding about their children generally report more positive experiences than adults responding about their own care, except for Medicare enrollees.*
- *There was a notable decline in the health plan ratings given by Medicare enrollees between 2003 and 2004.*

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## ***Data Sources and Comparison Limitations***

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The data presented in this report were compiled from CAHPS 3.0 Health Plan Survey results submitted to the NCBDB by various sponsors, including public and private employers, State Medicaid agencies, SCHIP programs, and individual health plans. The 2004 results are based on survey data collected between September 2003 and July 2004. The 2003 results are based on survey data collected between September 2002 and July 2003. Due to differences in the source of data submissions to the NCBDB from year to year, it is not possible to directly compare results for the two years.

The Medicare Managed Care Survey results originate from the annual survey of Medicare beneficiaries enrolled in managed care health plans conducted by the Centers for Medicare and Medicaid Services (CMS). Medicare 2003 results are from survey data collected from September 2002 through December 2002 while 2004 results are from survey data collected from October 2003 through January 2004. Readers should note that the Medicare results presented in this Chartbook may differ from other reports due to the inclusion or exclusion of special beneficiary sub-populations and/or the use of case-mix adjustment variables.

The following table presents the number of Commercial, Medicaid, SCHIP, and Medicare survey respondents and health plan samples included in the NCBDB for 2004 and 2003. The number of health plan samples is indicated in parentheses.

**Table 1. Number of Survey Respondents and Health Plan Samples: 2004 and 2003**

	Commercial		Medicaid		SCHIP	Medicare
	Adult	Child	Adult	Child	Child	Adult
NCBD 2004	111,680 (223)	7,024 (12)	59,515 (149)	86,159 (128)	16,657 (29)	132,420 (288)
NCBD 2003	114,063 (216)	1,866 (4)	39,275 (112)	31,081 (69)	19,061 (49)	141,421 (295)

Comparisons of the data submitted in each of the two years are noted below:

- **Commercial:** The number of Commercial submissions remained fairly consistent between 2004 and 2003. The majority of Commercial submissions to NCBDB come from the U.S. Office of Personnel Management (OPM), the Federal agency that sponsors health benefits for the civilian Federal government workforce. Child submissions increased slightly but remain at a very low level, reflecting the limited use of this survey in the Commercial sector.
- **Medicaid:** The same number of States (18) submitted Medicaid data in 2004 as in 2003, but there were more overall plan samples and respondents in 2004 because some large States (e.g., California and New York) submitted CAHPS data in 2004 that did not in 2003. Of the 18 submitting States, 15 submitted adult data and 13 submitted child data.

Compared to 2003, the number of child surveys submitted in 2004 has more than doubled. These fluctuations reflect a decision on the part of many States to administer the CAHPS Health Plan Survey on an “every other year” basis, or to implement alternating versions of the survey from one year to the next, e.g., alternating between the adult and child versions from year to year.

- SCHIP: Fewer States submitted State Children’s Health Insurance Program (SCHIP) data to NCBD in 2004 than in 2003. The single largest source of SCHIP data in both years was the State of California.
- Medicare: Each year NCBD receives the complete data files for the CAHPS Medicare Managed Care survey sponsored by CMS. This survey includes all health plans with separate Medicare risk contracts in effect on or before January 1<sup>st</sup> of the year preceding the year in which the survey was conducted. The number of plan samples and respondents for the Medicare Managed Care population declined between 2003 and 2004, reflecting the decreasing number of plans participating in the Medicare Advantage program.

**Tables 2 and 3** on the following two pages present the number of respondents and health plan samples in the NCBD for 2004 and 2003 by State, including U.S. territories and the District of Columbia.

**Table 3** excludes Commercial child surveys, since the number of submissions in 2003 (less than 10 health plan samples) was too small for the NCBD to process.

**Table 2. NCBD 2004 Survey Respondents and Health Plan Samples by State**

State	Commercial		Medicaid		SCHIP	Medicare
	Adult	Child	Adult	Child	Child	Adult
Alabama	424 (1)	–	–	–	–	1,773 (4)
Arizona	2,595 (5)	–	–	–	–	3,699 (8)
Arkansas	–	–	–	–	–	–
California	9,607 (10)	–	14,666 (30)	32,458 (30)	12,317 (25)	21,614 (49)
Colorado	2,803 (5)	–	2,153 (4)	2,316 (4)	–	4,470 (9)
Connecticut	1,988 (5)	–	780 (2)	628 (1)	–	1,386 (3)
Delaware	406 (1)	–	–	–	–	–
DC	2,012 (4)	–	–	–	–	450 (1)
Florida	3,186 (7)	–	2,337 (10)	2,262 (10)	–	11,177 (27)
Georgia	984 (2)	–	–	–	–	945 (2)
Guam	457 (1)	–	–	–	–	–
Hawaii	1,352 (2)	–	1,622 (3)	–	–	1,372 (3)
Idaho	–	–	–	–	–	1,024 (2)
Illinois	4,765 (10)	–	–	–	–	3,746 (8)
Indiana	3,344 (7)	–	–	–	–	1,483 (3)
Iowa	1,884 (4)	–	–	–	–	1,013 (2)
Kansas	881 (2)	–	747 (2)	895 (1)	1,592 (1)	1,015 (2)
Kentucky	973 (2)	–	–	–	–	1,003 (2)
Louisiana	375 (1)	–	–	–	–	1,340 (3)
Maine	979 (2)	–	–	–	–	–
Maryland	2,481 (5)	–	2,160 (6)	5,854 (6)	–	883 (2)
Massachusetts	3,648 (7)	362 (1)	1,604 (5)	2,461 (5)	–	4,800 (10)
Michigan	5,136 (11)	598 (1)	7,232 (17)	–	–	2,014 (4)
Minnesota	495 (1)	–	–	–	–	2,922 (6)
Mississippi	–	–	–	–	–	391 (1)
Missouri	1,977 (4)	–	396 (1)	4,164 (7)	–	2,908 (6)
Nebraska	–	–	–	–	–	503 (1)
Nevada	801 (2)	–	419 (1)	–	–	1,868 (4)
New Hampshire	460 (1)	–	–	–	–	479 (1)
New Jersey	2,921 (7)	–	422 (1)	–	–	3,051 (7)
New Mexico	2,330 (6)	271 (1)	951 (3)	2,280 (3)	–	1,422 (3)
New York	6,541 (13)	2,269 (2)	11,605 (30)	9,502 (27)	–	10,854 (26)
North Carolina	373 (1)	–	–	–	–	993 (2)
North Dakota	–	–	–	–	–	486 (1)
Ohio	6,157 (12)	–	2,434 (4)	5,214 (4)	–	8,009 (17)
Oklahoma	935 (2)	–	1,422 (4)	–	–	957 (2)
Oregon	1,224 (2)	–	2,904 (15)	3,316 (15)	–	6,401 (13)
Pennsylvania	3,215 (7)	1,162 (1)	3,672 (7)	4,137 (7)	–	9,486 (20)
Puerto Rico	485 (1)	–	–	–	–	–
Rhode Island	–	–	619 (1)	–	–	1,405 (3)
South Dakota	–	–	–	–	–	–
Tennessee	1,271 (3)	–	550 (1)	–	–	1,548 (3)
Texas	6,797 (16)	417 (1)	–	–	–	3,559 (8)
Utah	1,007 (2)	1,945 (5)	–	1,356 (2)	1,847 (2)	518 (1)
Vermont	–	–	417 (1)	–	–	–
Virginia	2,055 (4)	–	403 (1)	–	–	1,002 (2)
Washington	6,710 (12)	–	–	9,316 (6)	901 (1)	3,415 (7)
West Virginia	–	–	–	–	–	2,416 (5)
Wisconsin	7,550 (22)	–	–	–	–	2,620 (5)
Multi-state	8,096 (12)	–	–	–	–	–
<b>TOTAL</b>	<b>111,680 (224)</b>	<b>7,024 (12)</b>	<b>59,515 (149)</b>	<b>86,159 (128)</b>	<b>16,657 (29)</b>	<b>132,420 (288)</b>

**Table 3. NCBD 2003 Survey Respondents and Health Plan Samples by State**

	Commercial	Medicaid		SCHIP	Medicare
State	Adult	Adult	Child	Child	Adult
Alabama	524 (1)	–	–	–	1,884 (4)
Arizona	2,603 (5)	–	–	–	3,809 (8)
Arkansas	–	558 (1)	531 (1)	746 (1)	–
California	9,496 (10)	630 (2)	689 (2)	14,920 (26)	19,348 (41)
Colorado	2,193 (4)	2,049 (4)	–	351 (1)	4,610 (9)
Connecticut	1,341 (3)	874 (2)	–	–	1,407 (3)
Delaware	487 (1)	–	–	–	369 (1)
DC	1,175 (2)	–	–	–	508 (1)
Florida	3,821 (8)	2,995 (15)	3,145 (14)	–	13,684 (31)
Georgia	890 (2)	–	–	–	1,014 (2)
Guam	479 (1)	–	–	–	–
Hawaii	1,417 (2)	–	1,787 (3)	–	954 (2)
Idaho	–	–	–	–	1,022 (2)
Illinois	4,886 (9)	–	–	–	3,921 (8)
Indiana	2,483 (5)	–	–	–	2,544 (5)
Iowa	1,092 (2)	1,067 (4)	1,305 (4)	–	1,497 (3)
Kansas	968 (2)	1,130 (2)	3,172 (2)	1,871 (1)	1,522 (3)
Kentucky	1,068 (2)	–	–	–	1,034 (2)
Louisiana	398 (1)	–	–	–	1,402 (3)
Maryland	4,439 (9)	2,771 (6)	6,740 (6)	–	911 (2)
Massachusetts	5,424 (10)	402 (1)	–	–	4,939 (10)
Michigan	6,066 (10)	8,621 (18)	–	–	2,532 (5)
Minnesota	522 (1)	1,845 (6)	–	–	3,191 (7)
Mississippi	–	–	–	–	476 (1)
Missouri	1,903 (4)	363 (1)	883 (2)	–	3,603 (7)
Nebraska	–	–	–	–	511 (1)
Nevada	739 (2)	813 (2)	–	–	1,921 (4)
New Hampshire	559 (1)	–	–	–	502 (1)
New Jersey	1,847 (4)	486 (1)	–	–	4,379 (9)
New Mexico	2,189 (5)	1,033 (3)	2,522 (3)	–	1,474 (3)
New York	6,692 (14)	1,127 (3)	–	–	10,630 (24)
North Carolina	311 (1)	–	–	–	1,546 (3)
North Dakota	–	–	–	–	483 (1)
Ohio	4,955 (9)	1,491 (5)	1,715 (5)	181 (5)	8,538 (18)
Oklahoma	519 (1)	–	1,757 (5)	–	998 (2)
Oregon	468 (1)	–	–	–	6,489 (13)
Pennsylvania	3,361 (6)	3,448 (7)	4,264 (7)	–	10,315 (21)
Puerto Rico	373 (1)	–	–	–	–
Rhode Island	–	552 (1)	–	–	1,426 (3)
South Dakota	516 (1)	–	–	–	544 (1)
Tennessee	1,896 (4)	628 (1)	–	–	1,589 (3)
Texas	7,487 (15)	–	–	–	4,263 (9)
Utah	485 (1)	538 (1)	–	–	–
Vermont	–	405 (1)	–	–	–
Virginia	1,827 (3)	2,631 (6)	536 (2)	602 (2)	1,045 (2)
Washington	8,843 (15)	2,324 (6)	–	–	3,566 (7)
West Virginia	–	–	–	–	2,527 (5)
Wisconsin	8,975 (25)	494 (13)	2,036 (13)	390 (13)	2,494 (5)
Multi-state plans	8,346 (13)	–	–	–	–
<b>TOTAL</b>	<b>114,063 (216)</b>	<b>39,275 (112)</b>	<b>31,082 (69)</b>	<b>19,061 (49)</b>	<b>141,421 (295)</b>

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## ***Results for Reporting Composites and Individual Items***

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Most of the CAHPS Health Plan Survey questions ask respondents to report on their experiences with different aspects of their care. Reporting questions that address the same aspect of care or service are combined into summary measures known as composites. For the Health Plan Survey, there are five composites that summarize enrollees' experiences in the following areas:

- Getting needed care
- Getting care quickly
- Doctors who communicate well
- Courteous and helpful office staff
- Health plan customer service

The reporting questions that make up the “getting needed care” and “customer service” composites ask respondents to indicate how much of a problem the respondent has with a certain aspect of care in the past 12 months:

- “not a problem,”
- “a small problem,” or
- “a big problem.”

Results for these composites are reported as the percentage of respondents indicating “not a problem.”

The reporting questions that make up the other three composites ask respondents how often something happened in the past 12 months:

- “never,”
- “sometimes,”
- “usually,” or
- “always.”

Results for these composites are reported as the percentage of respondents indicating “always.”

The following charts show the distribution of CAHPS survey scores for each of the five composite measures and the individual items that make up each of the composites.<sup>2</sup> An “NA” indicates that insufficient data were available to generate results.

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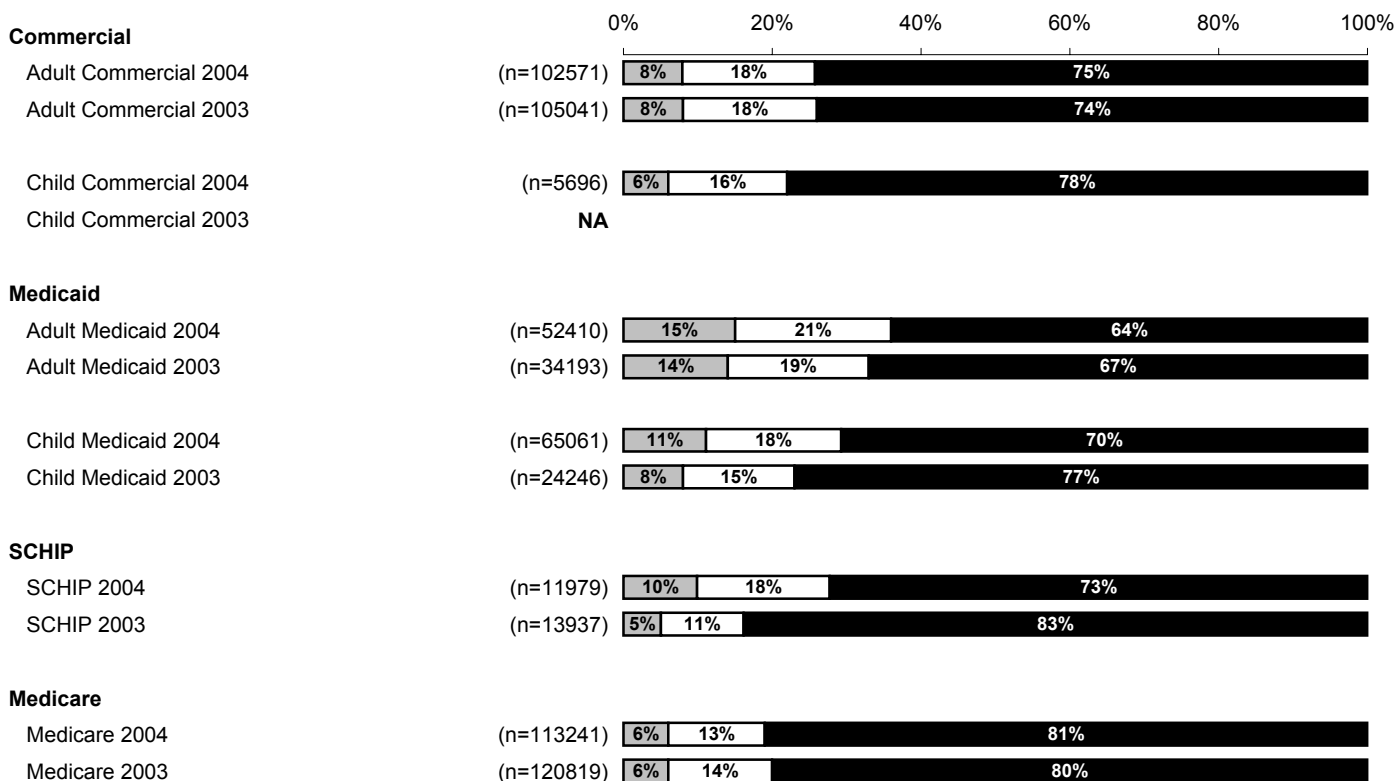
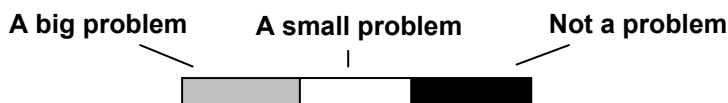
<sup>2</sup> The Medicare Managed Care Survey results presented in these charts may differ from other reports due to the inclusion or exclusion of special beneficiary sub-populations and/or the use of case-mix adjustment variables. These results, as well as those presented elsewhere, originate from the same source – the annual survey of Medicare beneficiaries enrolled in managed care health plans conducted by the Centers for Medicare and Medicaid Services (CMS).

### **Supporting Information in the Appendix**

The Appendix lays out the individual survey items and response options that make up each of the composites, as well as the wording and response options for each of the rating questions.

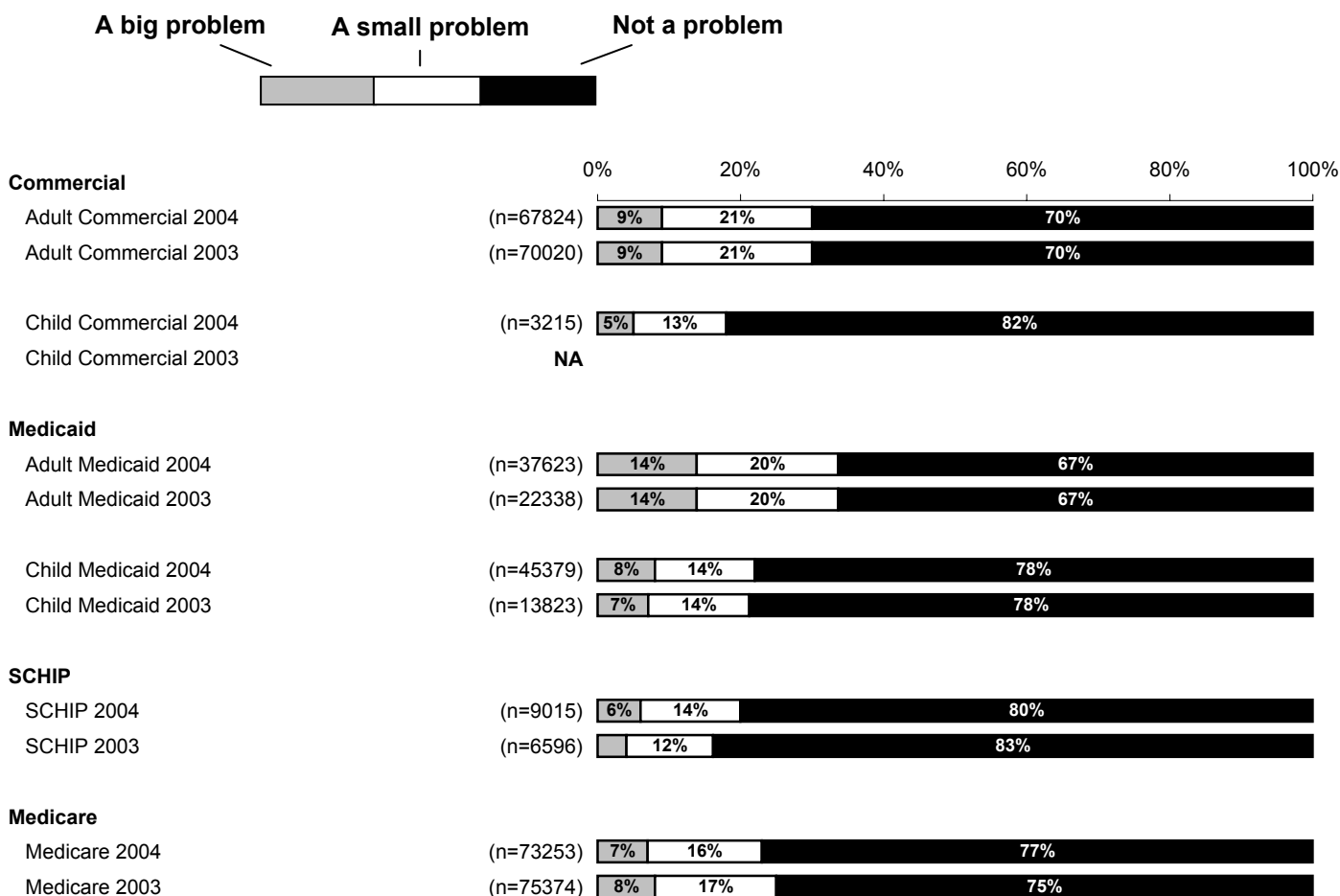
# Getting Needed Care

Combines responses from four questions regarding how much of a problem, if any, consumers had with various aspects of getting needed care.

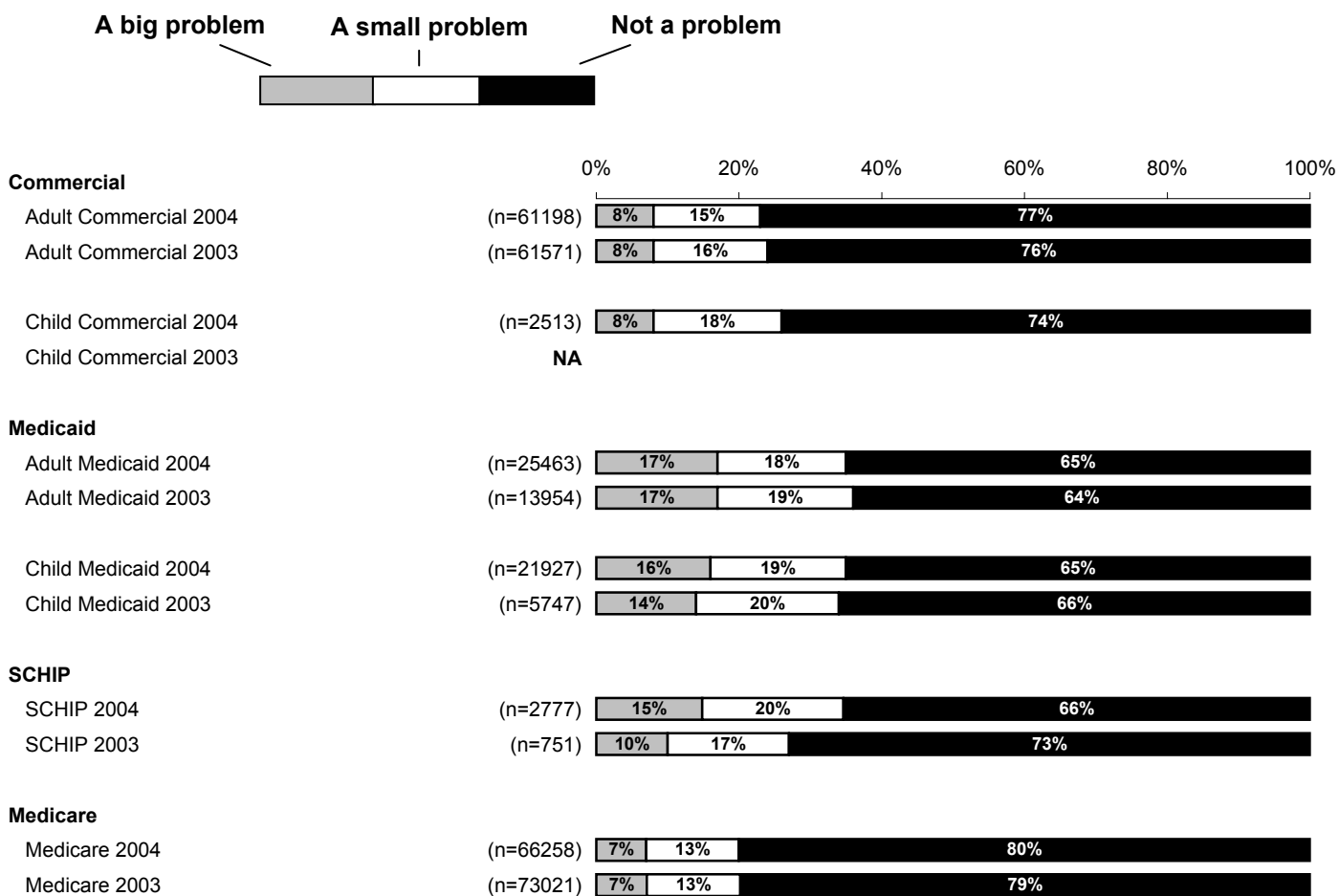


NOTE: Response distributions may not sum to 100 percent due to rounding.

## How much of a problem, if any, consumers had with getting a personal doctor or nurse they were happy with.

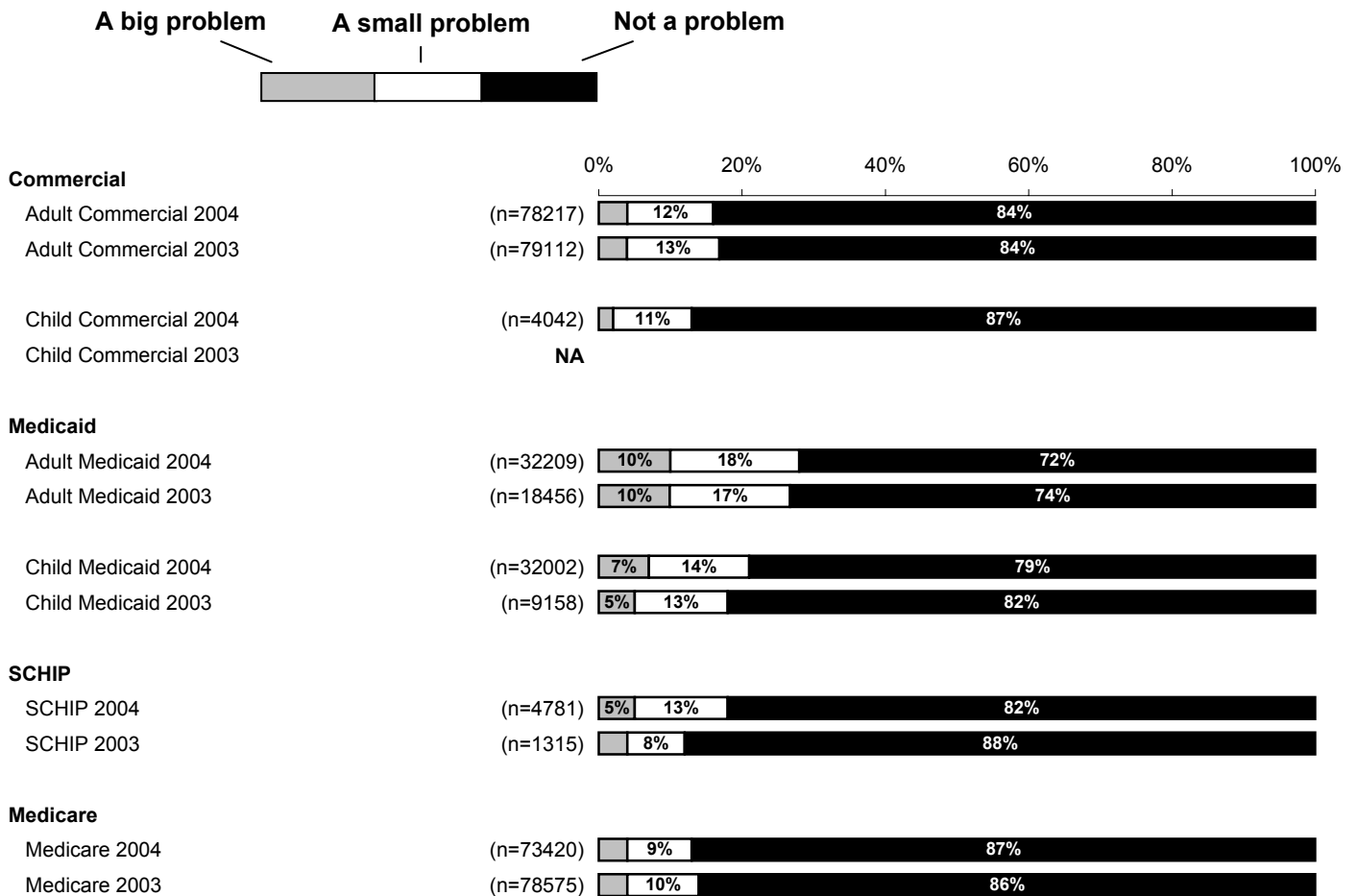


NOTE: Response distributions may not sum to 100 percent due to rounding.

**How much of a problem, if any, consumers had with seeing a specialist they needed to see.**

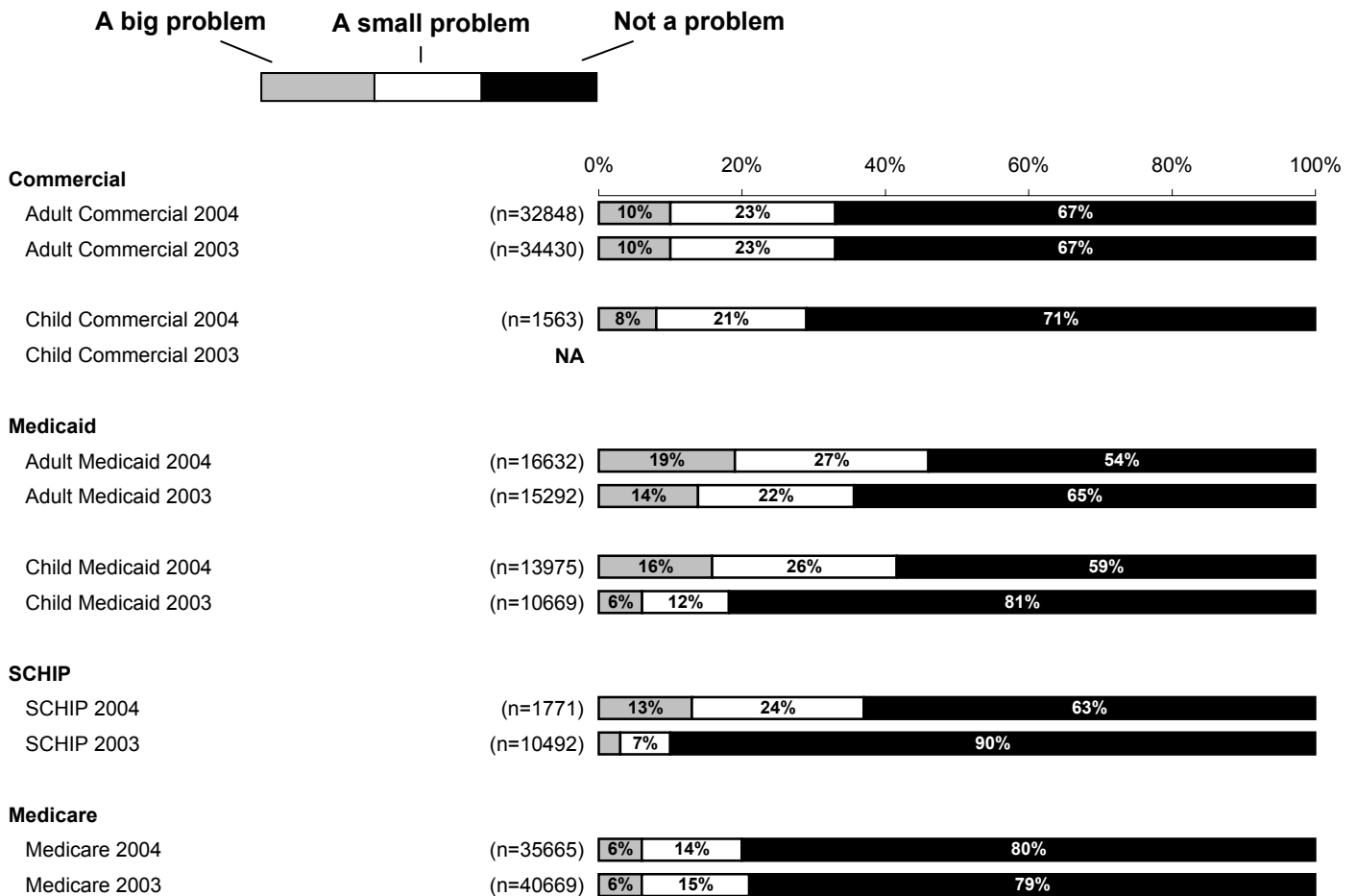
NOTE: Response distributions may not sum to 100 percent due to rounding.

## How much of a problem, if any, consumers had with getting the care, tests, or treatment they or a doctor believed necessary.



NOTE: Response distributions may not sum to 100 percent due to rounding.

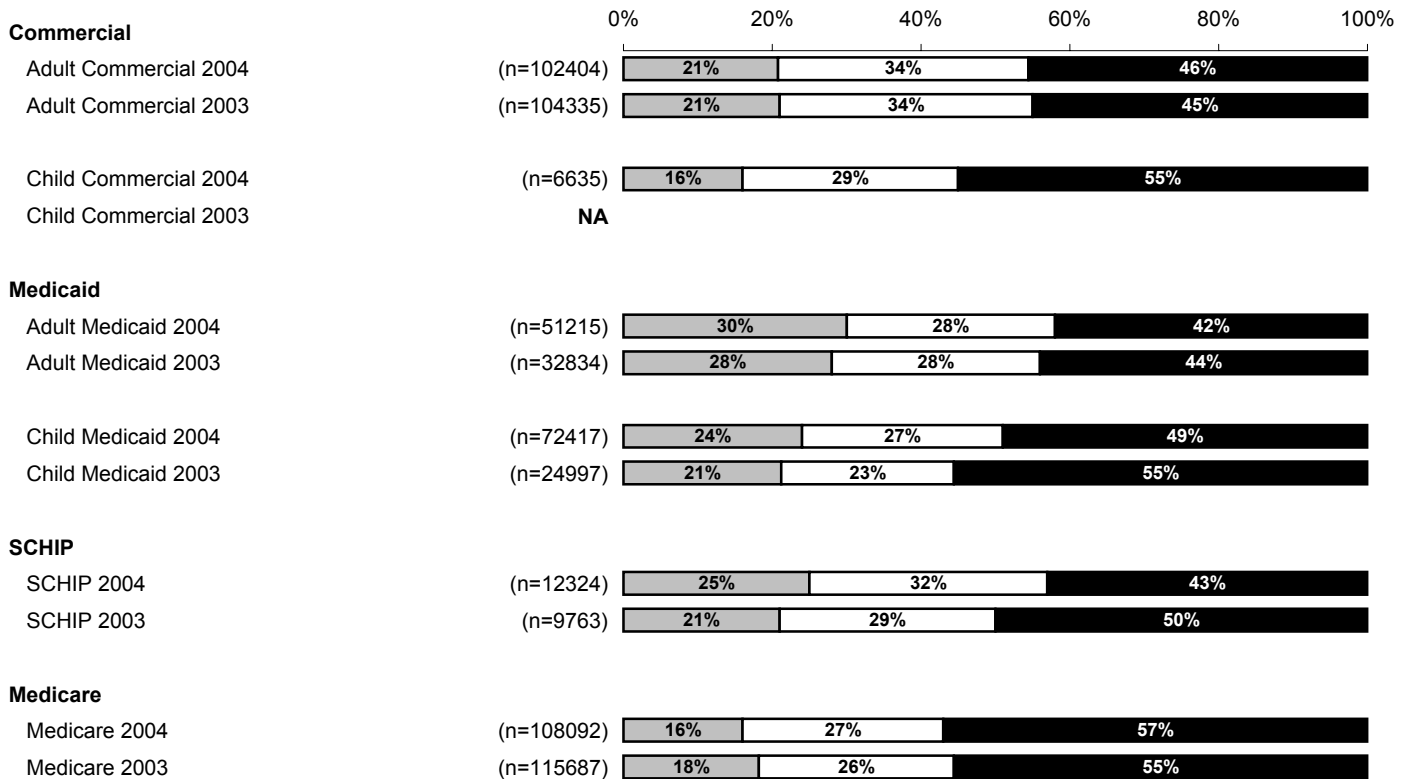
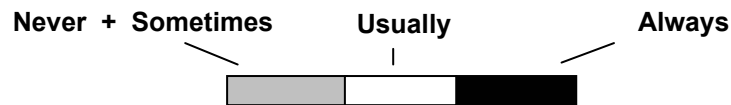
## How much of a problem, if any, consumers had with delays in health care while they waited for approval from their health plan.



NOTE: Response distributions may not sum to 100 percent due to rounding.

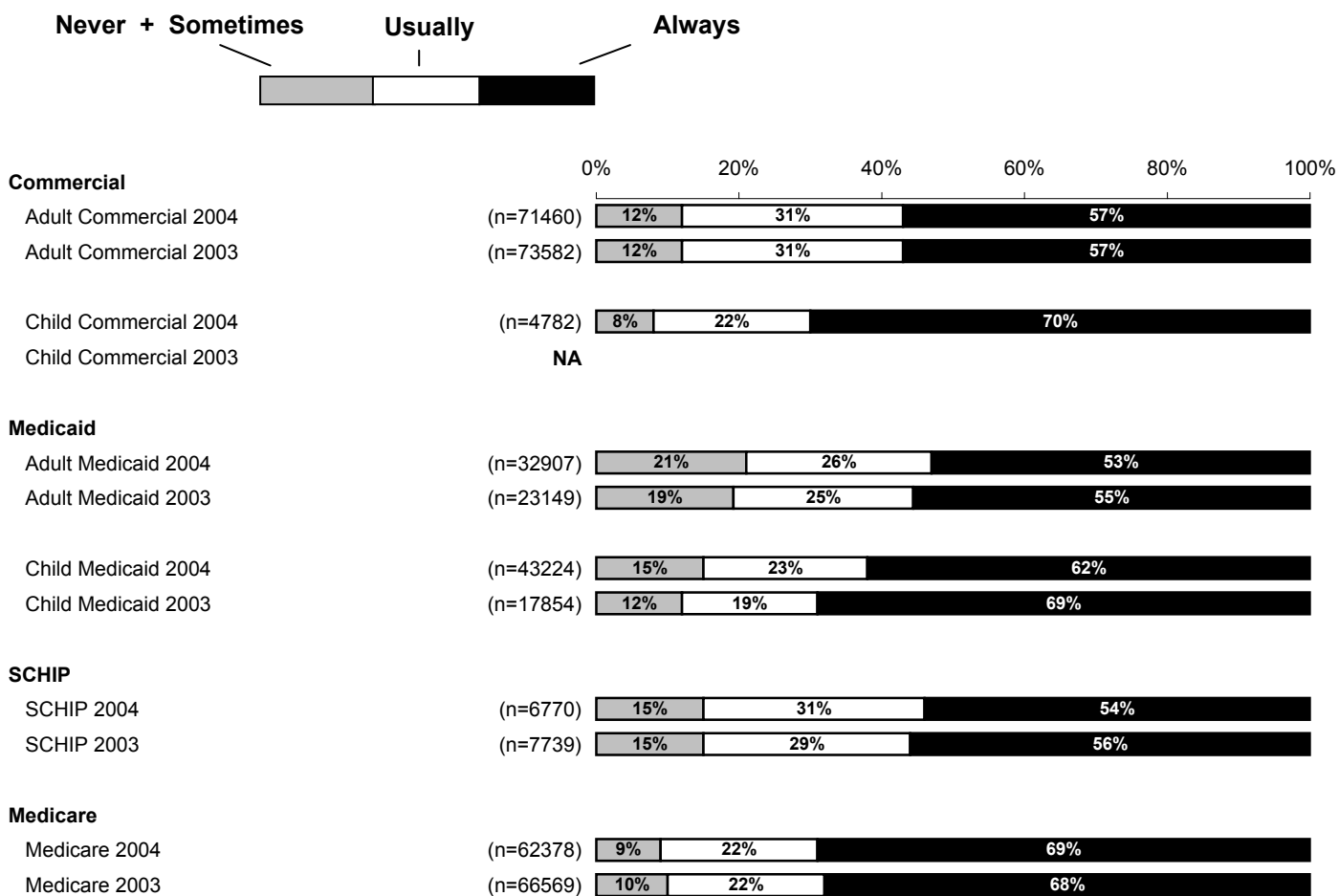
# Getting Care Quickly

Combines responses from four questions regarding how often consumers received various types of care in a timely manner.



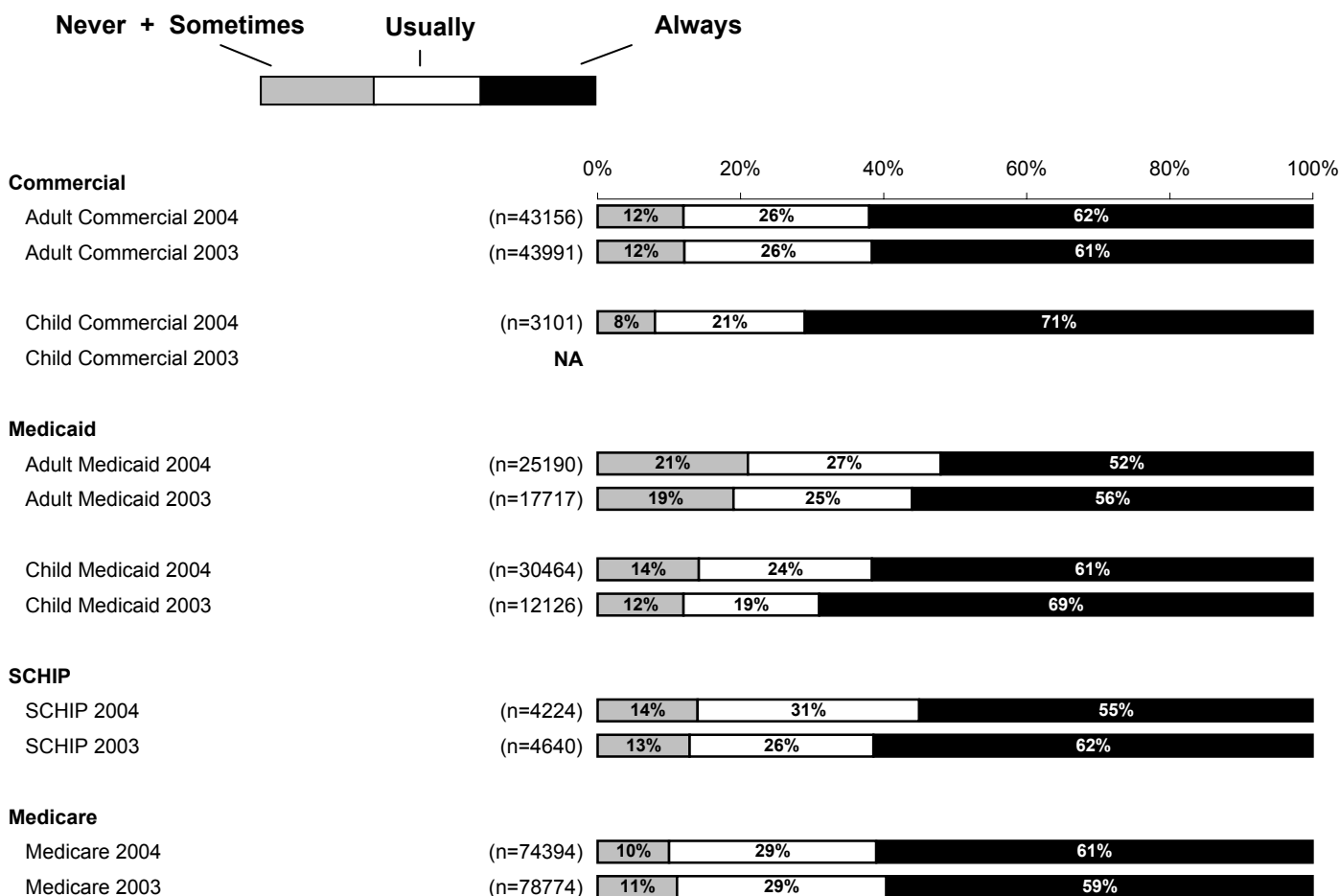
NOTE: Response distributions may not sum to 100 percent due to rounding.

**When consumers called during regular office hours, how often did they get the help or advice they needed.**



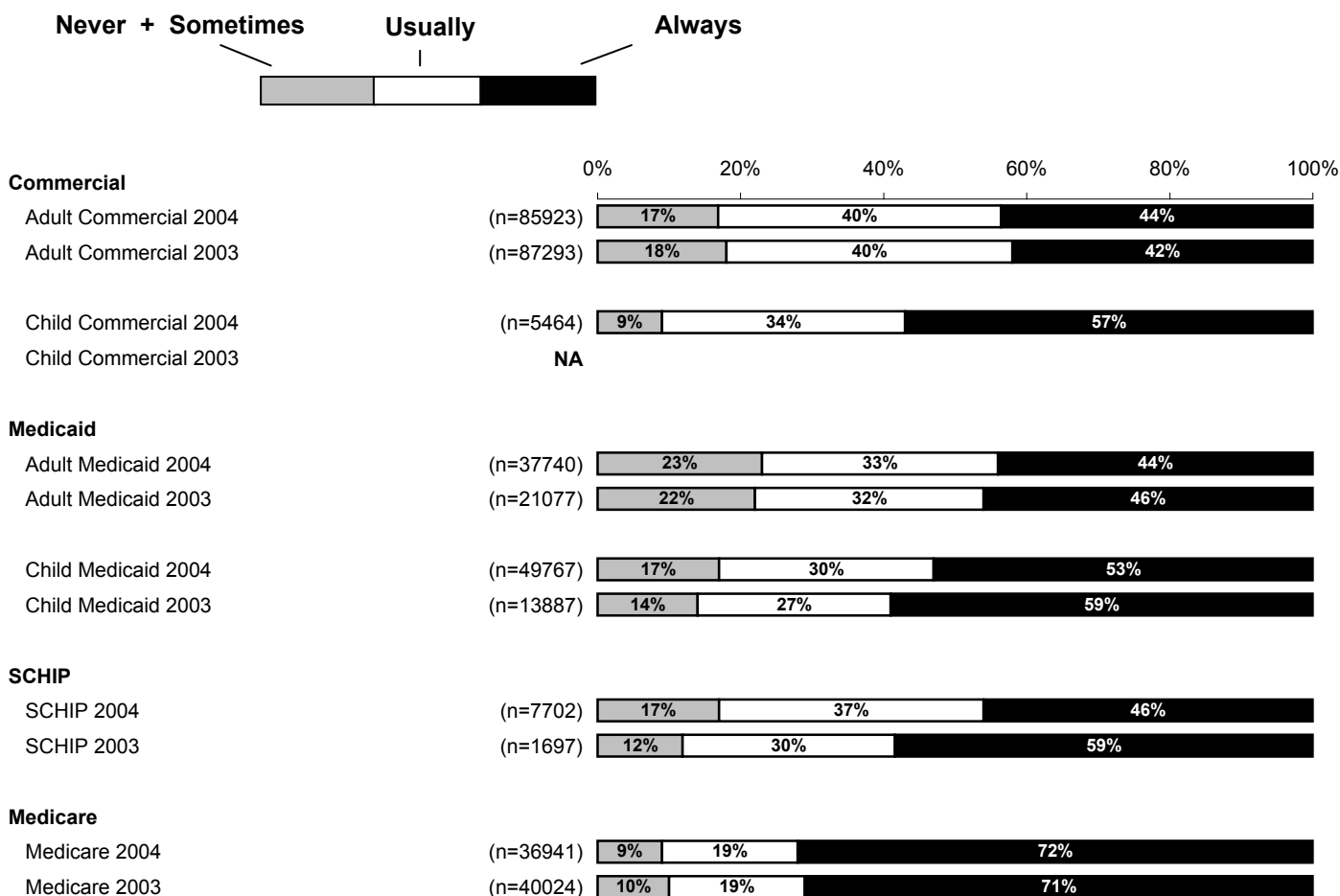
NOTE: Response distributions may not sum to 100 percent due to rounding.

**When consumers needed care right away for an illness, injury, or condition, how often did they get care as soon as they wanted.**

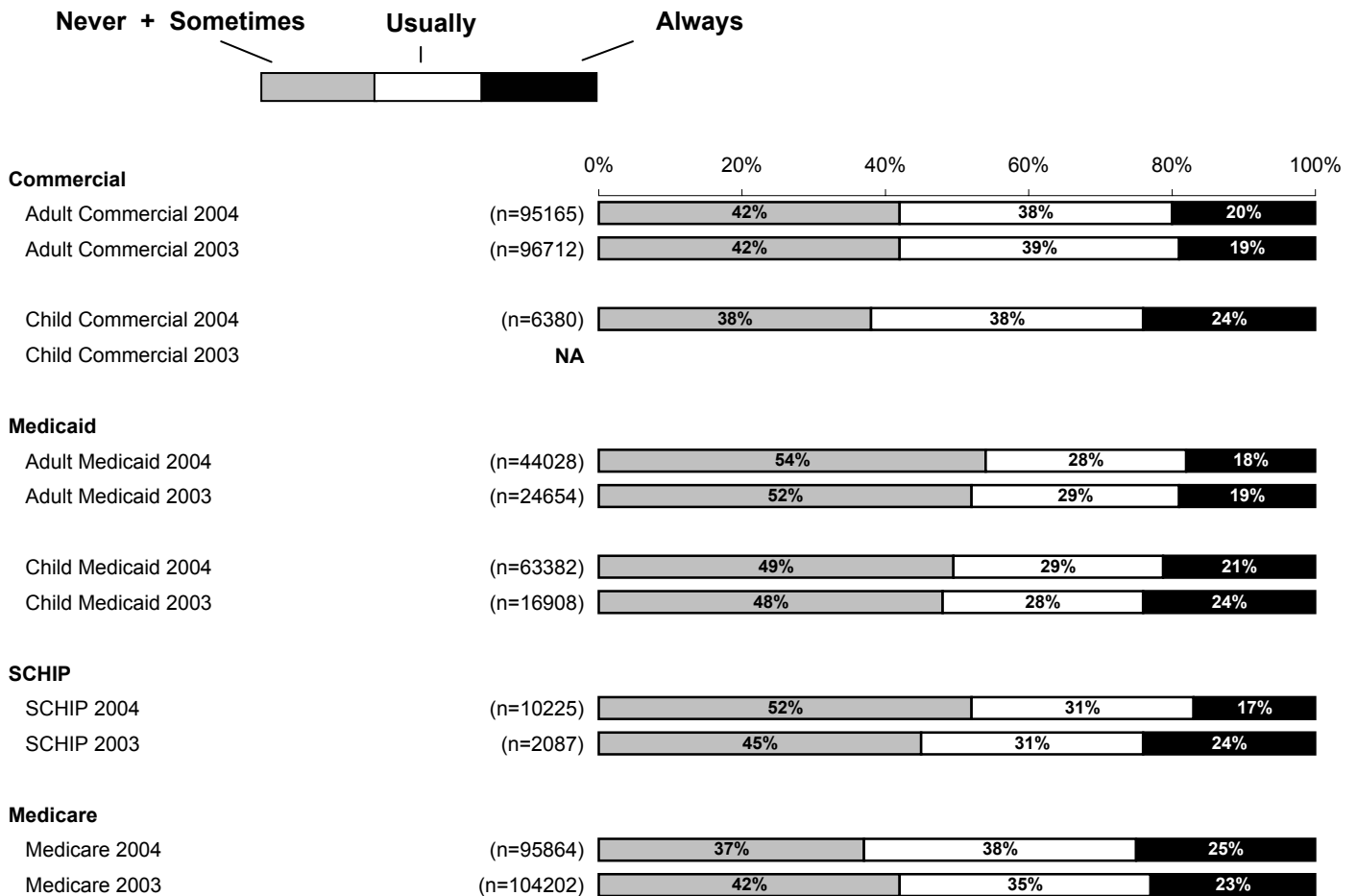


NOTE: Response distributions may not sum to 100 percent due to rounding.

**Not counting times consumers needed health care right away, how often did they get an appointment for health care as soon as they wanted.**



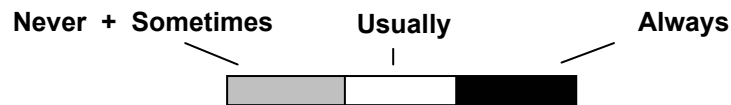
NOTE: Response distributions may not sum to 100 percent due to rounding.

**How often were consumers taken to the exam room within 15 minutes of their appointment.**

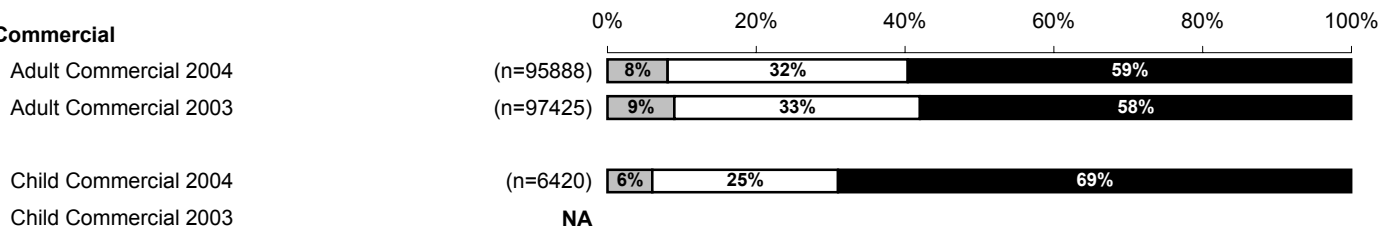
NOTE: Response distributions may not sum to 100 percent due to rounding.

# Doctors Who Communicate Well

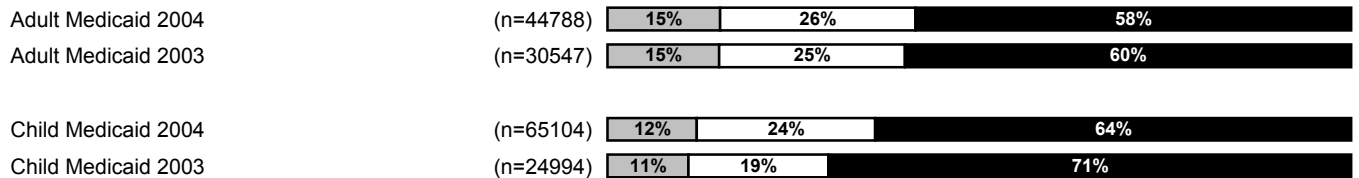
Combines responses to questions regarding how often doctors communicated well with consumers.



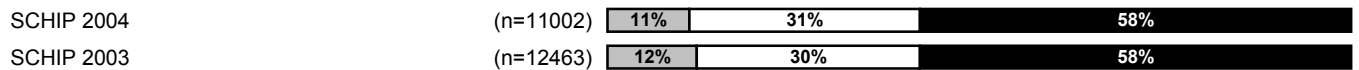
## Commercial



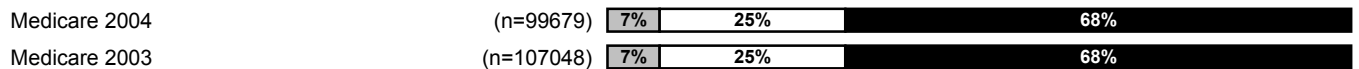
## Medicaid



## SCHIP

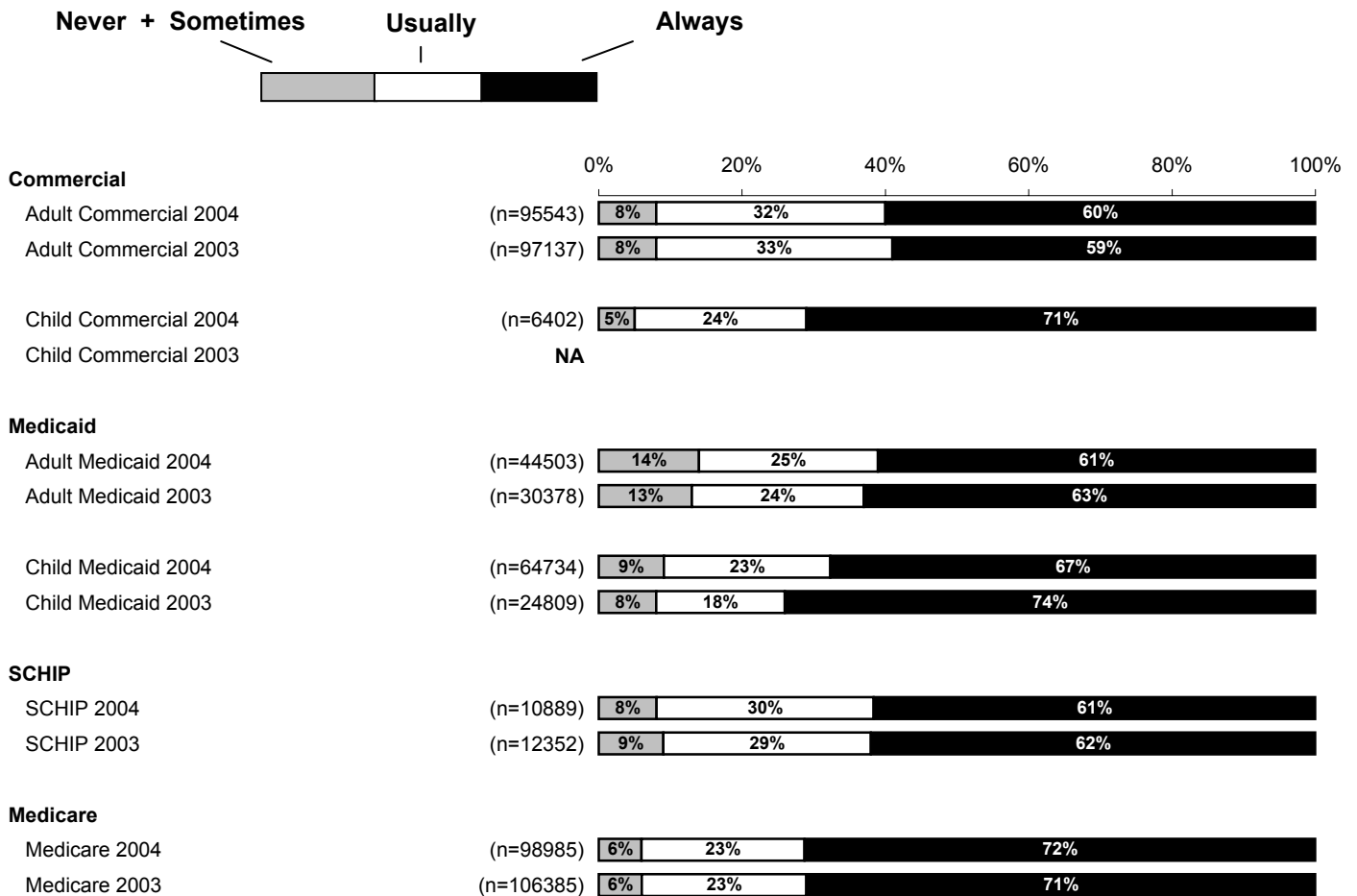


## Medicare



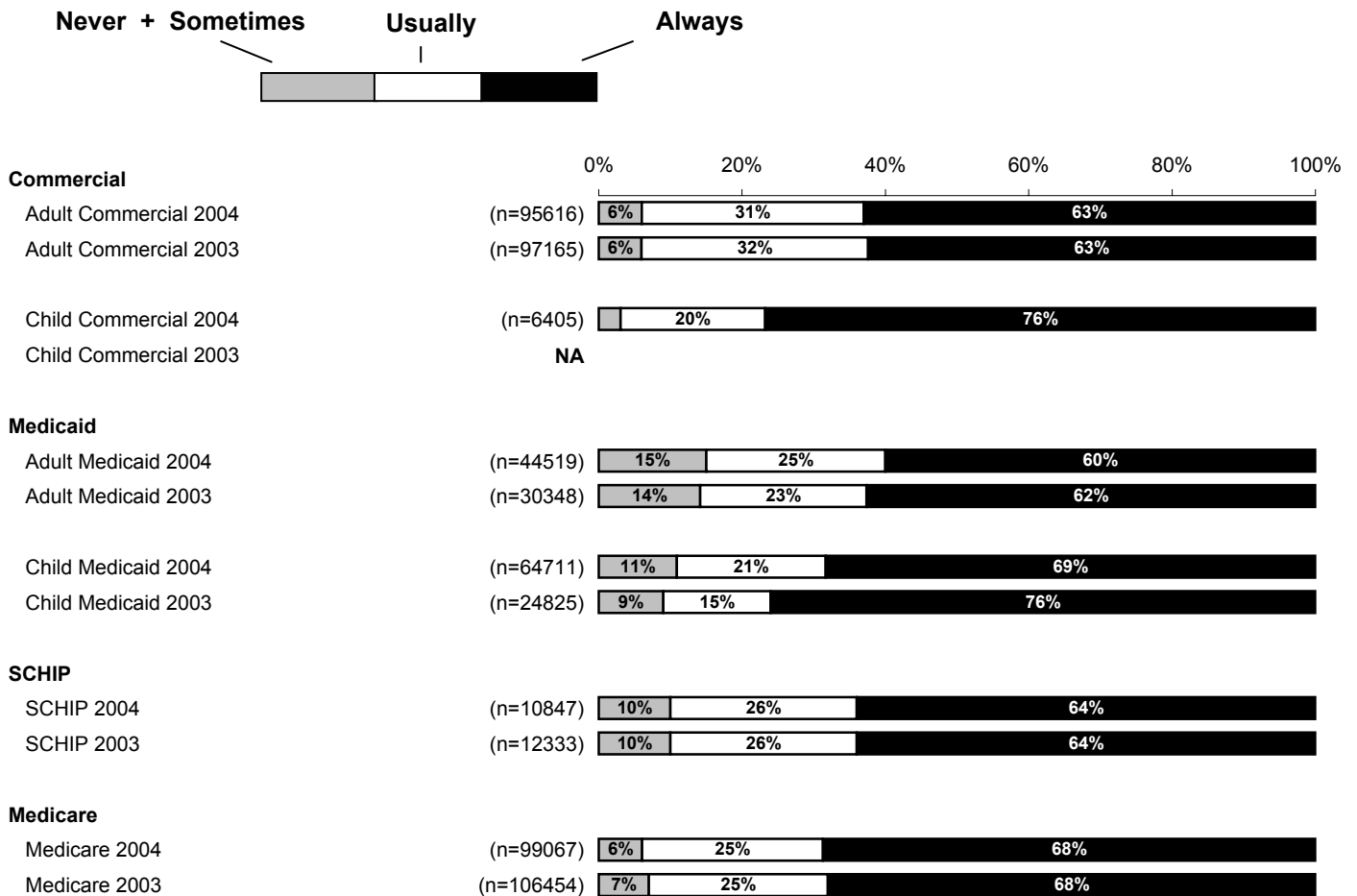
NOTE: Response distributions may not sum to 100 percent due to rounding.

## How often did doctors or other health providers listen carefully to consumers.



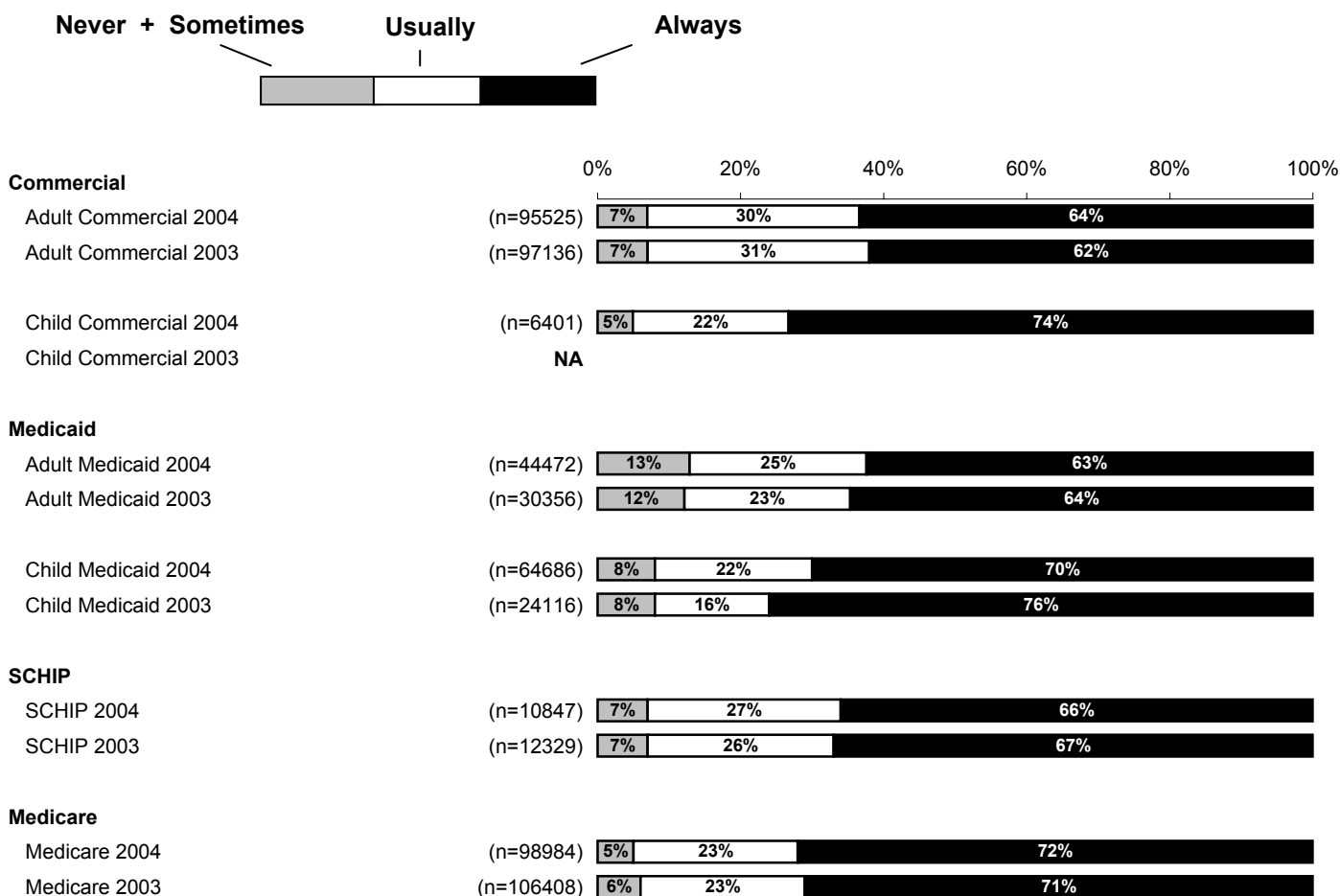
NOTE: Response distributions may not sum to 100 percent due to rounding.

## How often did doctors or other health providers explain things in a way adults could understand.



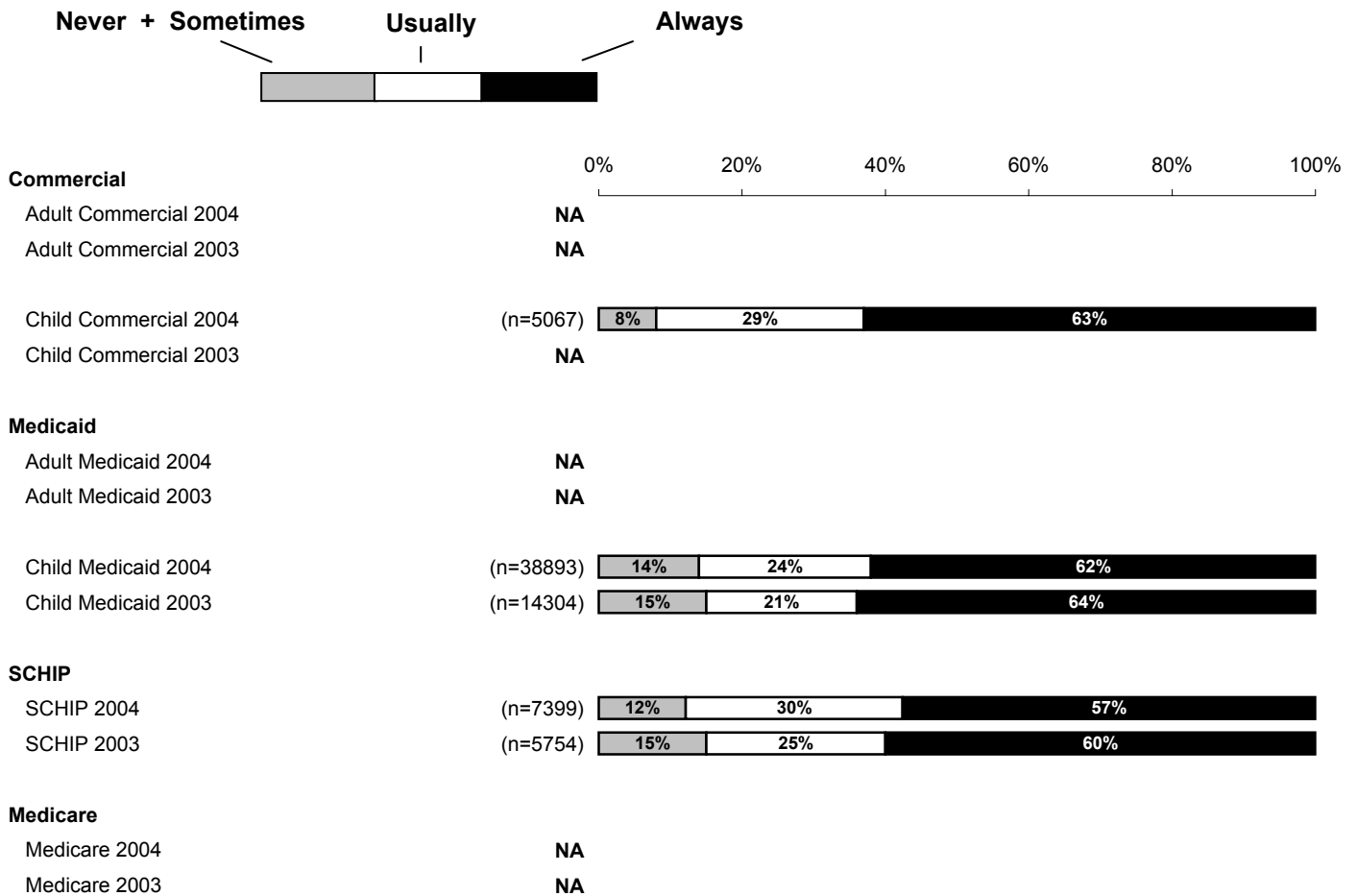
NOTE: Response distributions may not sum to 100 percent due to rounding.

## How often did doctors or other health providers show respect for what consumers had to say.



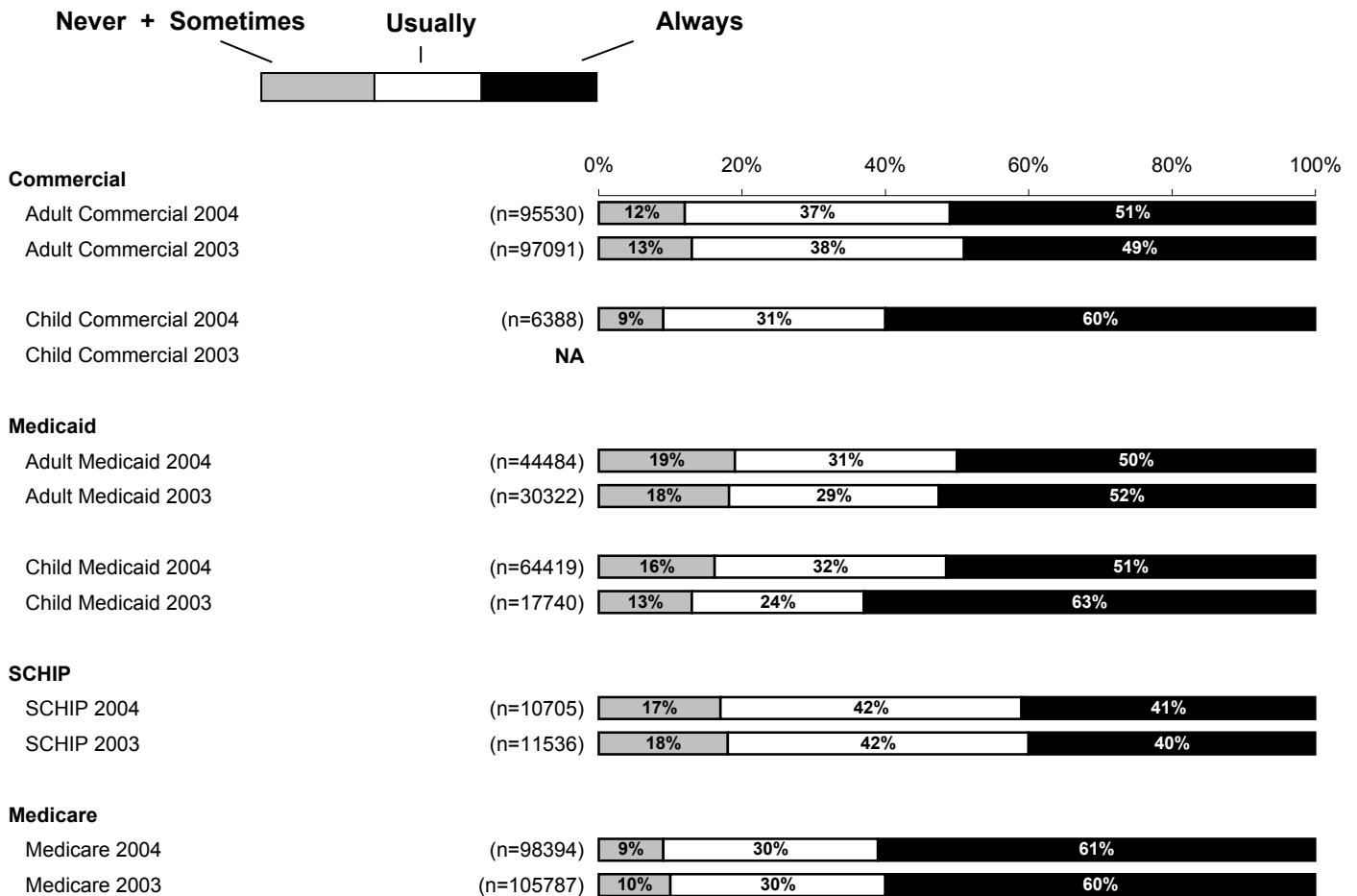
NOTE: Response distributions may not sum to 100 percent due to rounding.

**How often did doctors or other health providers explain things in a way a child could understand.**



NOTE: Response distributions may not sum to 100 percent due to rounding.

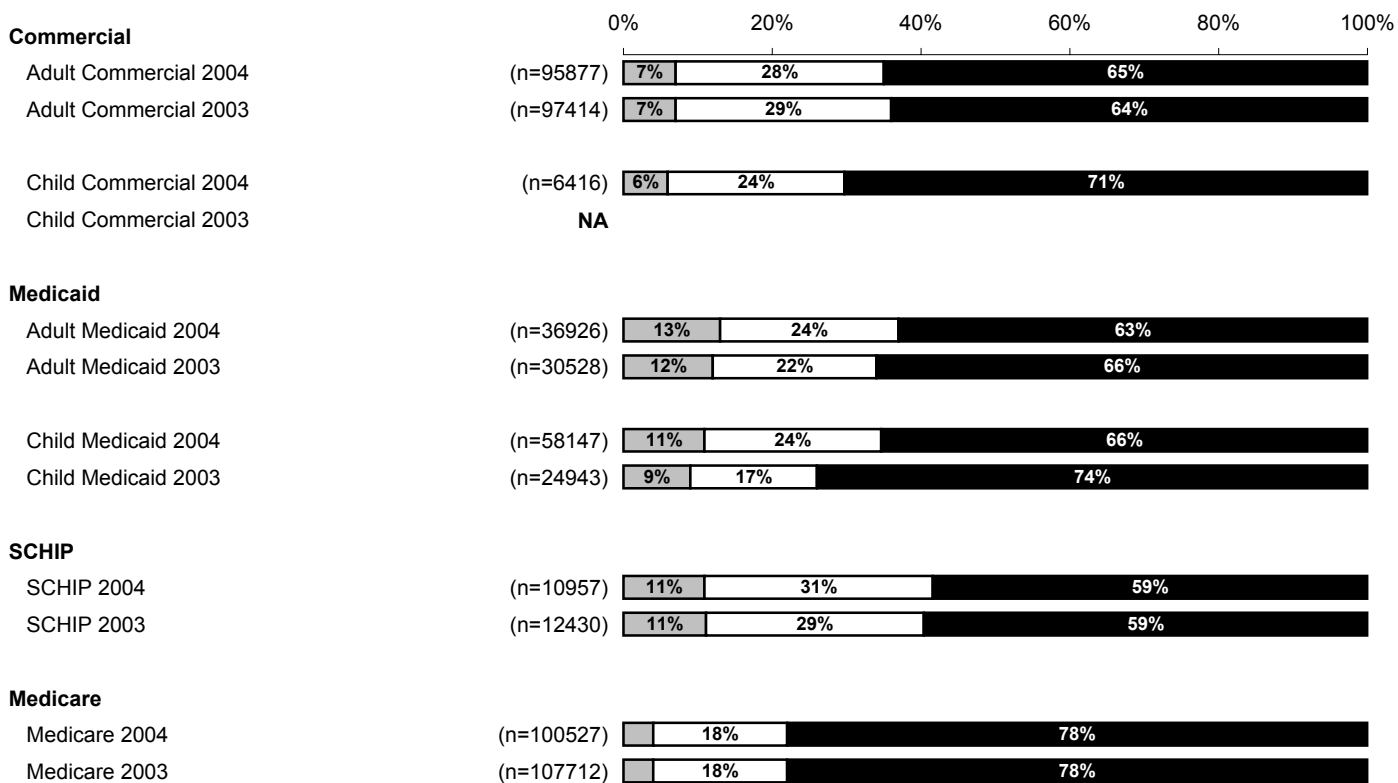
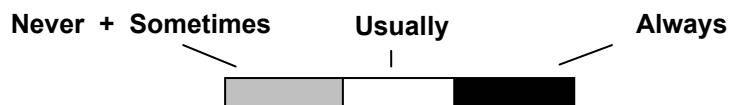
## How often did doctors or other health providers spend enough time with consumers.



NOTE: Response distributions may not sum to 100 percent due to rounding.

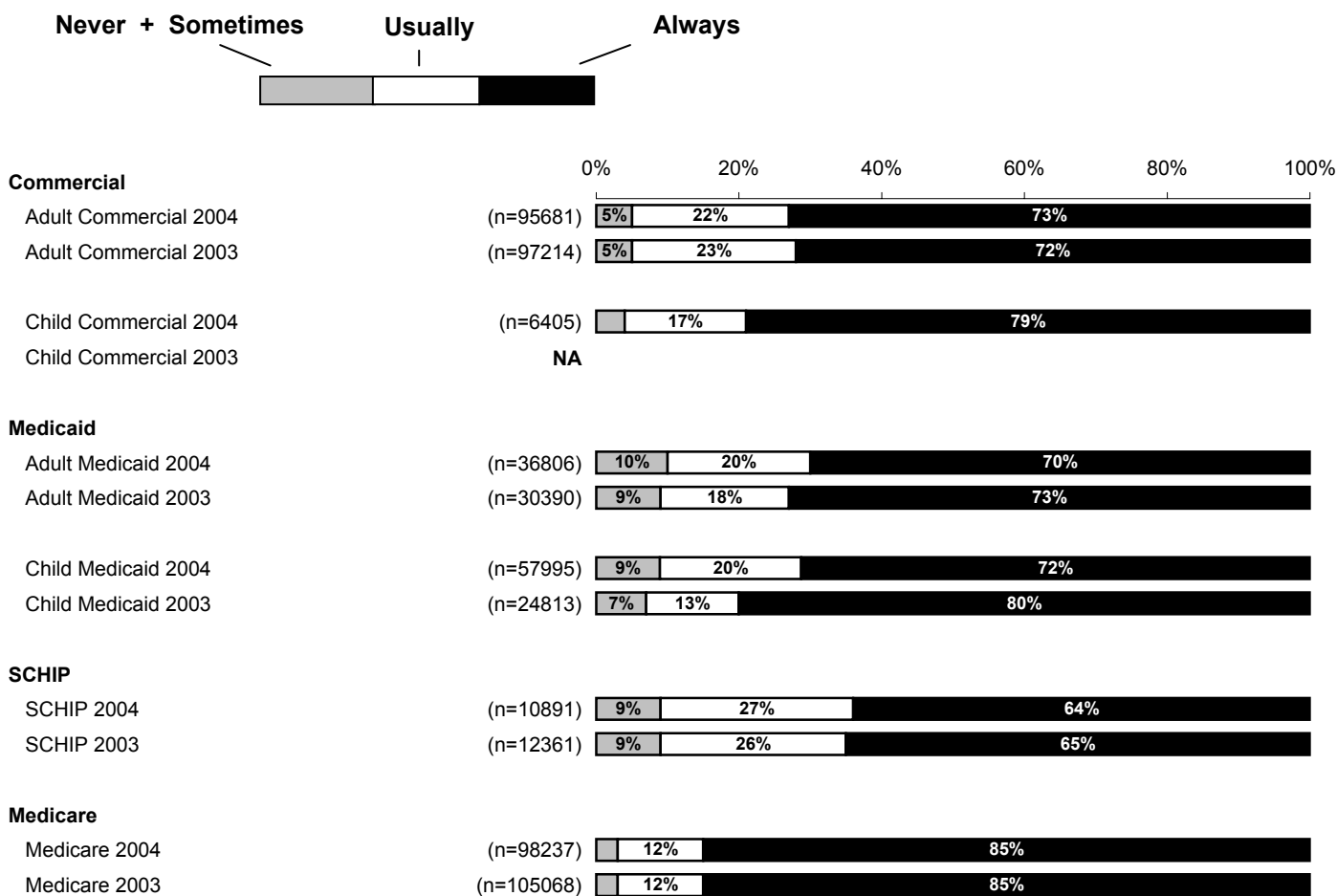
# Courteous and Helpful Office Staff

Combines responses from two questions regarding how often office staff were courteous and helpful.



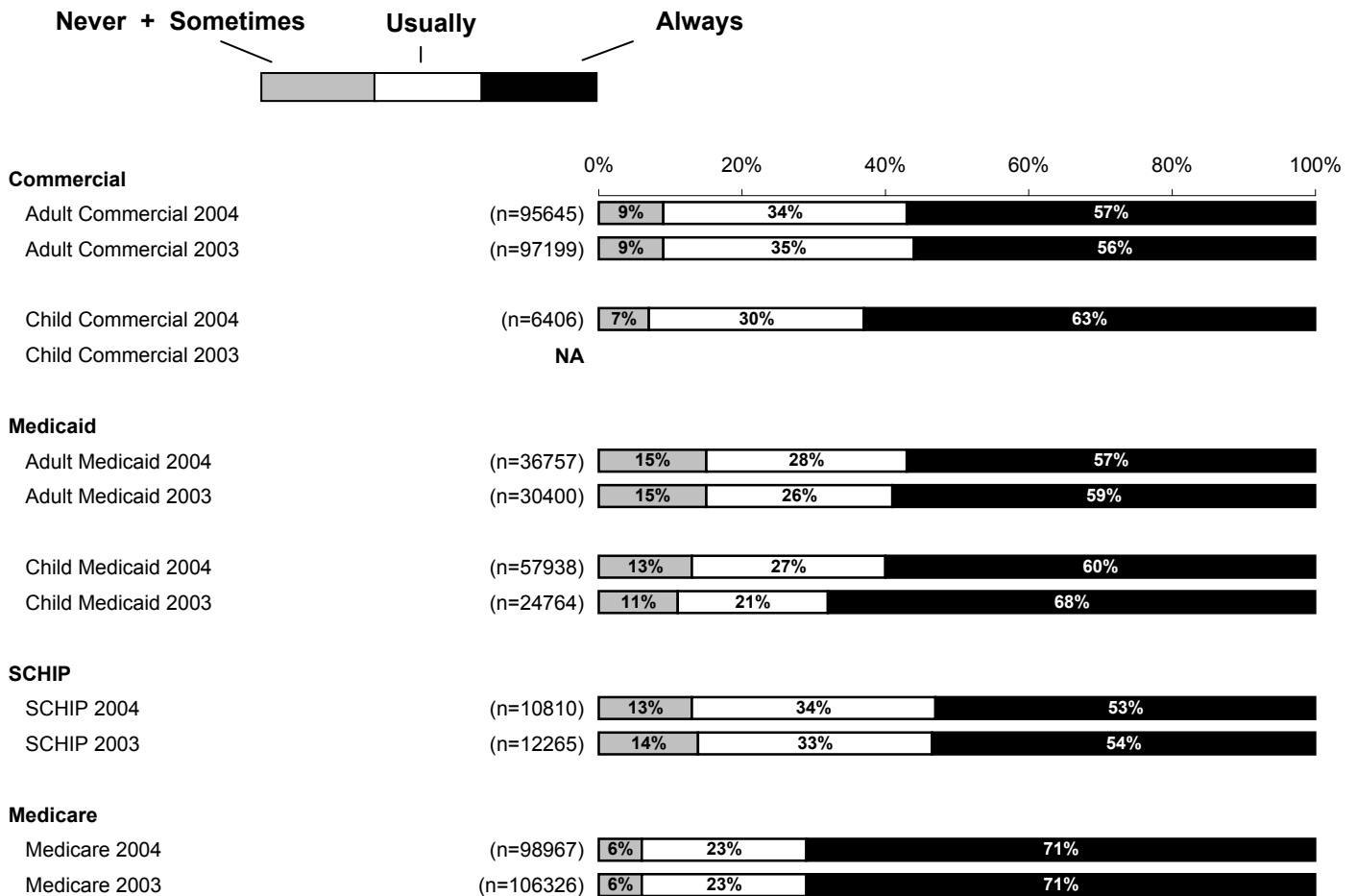
NOTE: Response distributions may not sum to 100 percent due to rounding.

## How often did office staff at a doctor's office or clinic treat consumers with courtesy and respect.



NOTE: Response distributions may not sum to 100 percent due to rounding.

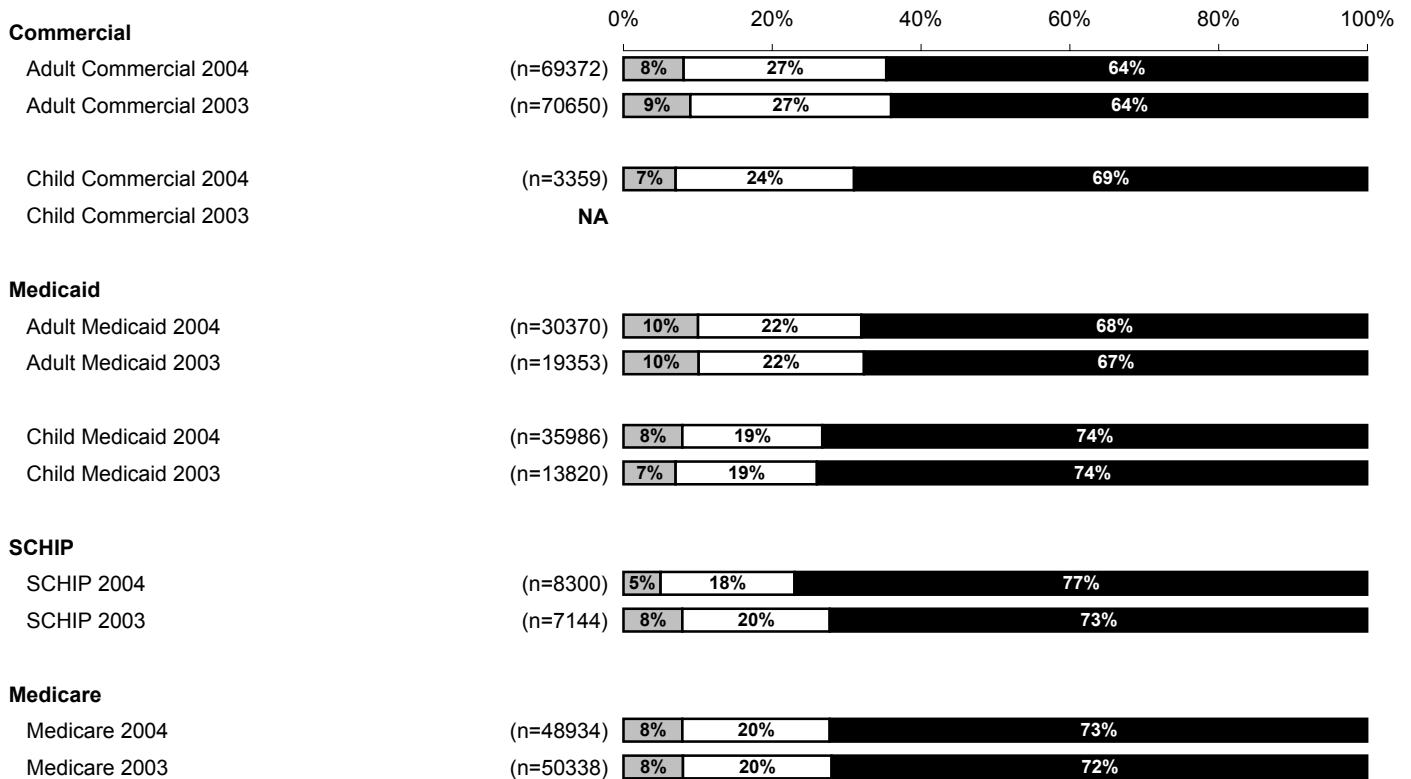
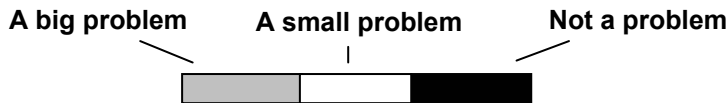
## How often were office staff at a doctor's office or clinic as helpful as consumers thought they should be.



NOTE: Response distributions may not sum to 100 percent due to rounding.

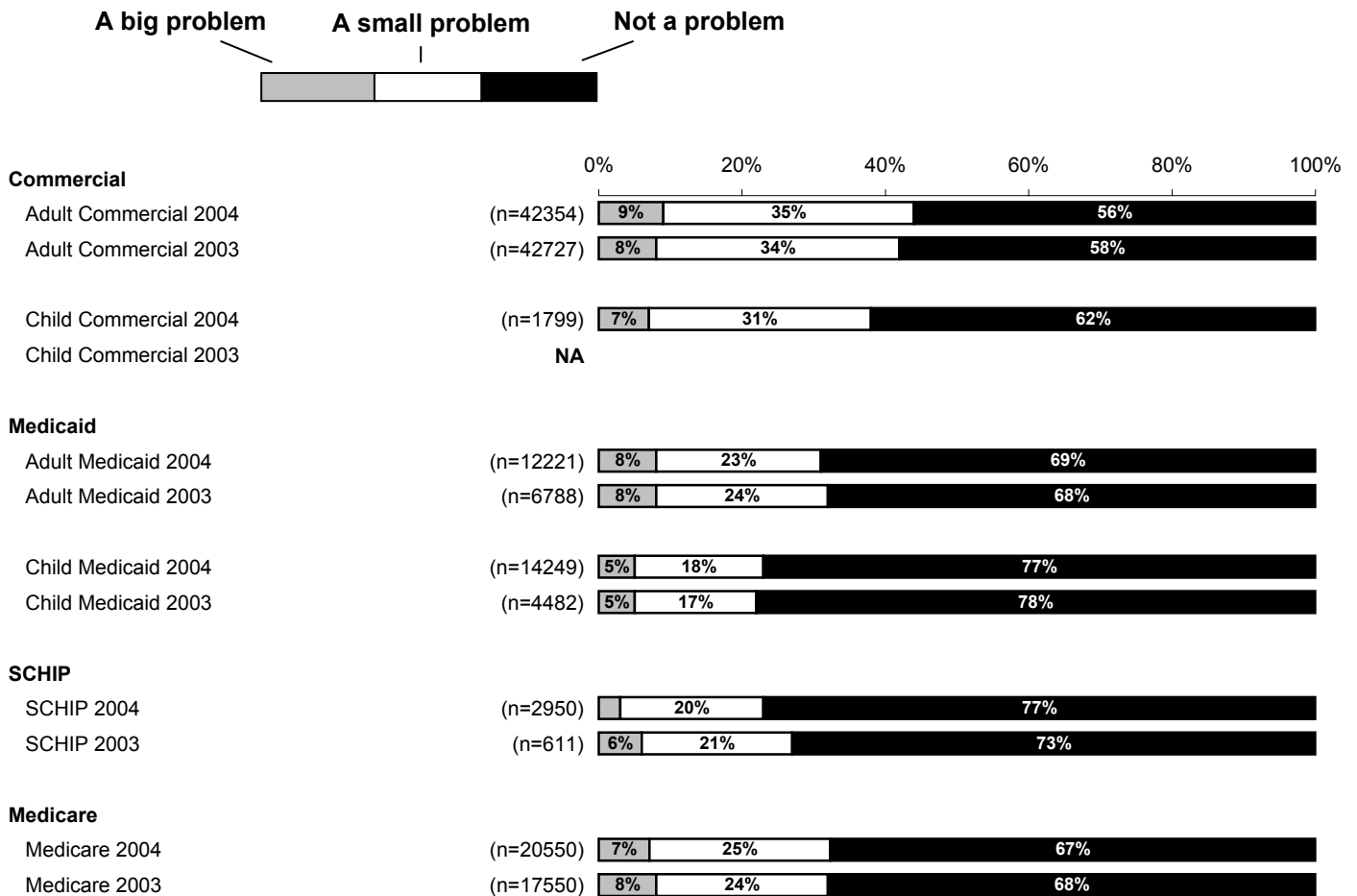
# Customer Service

Combines responses from three questions about getting needed information and help from your health plan.



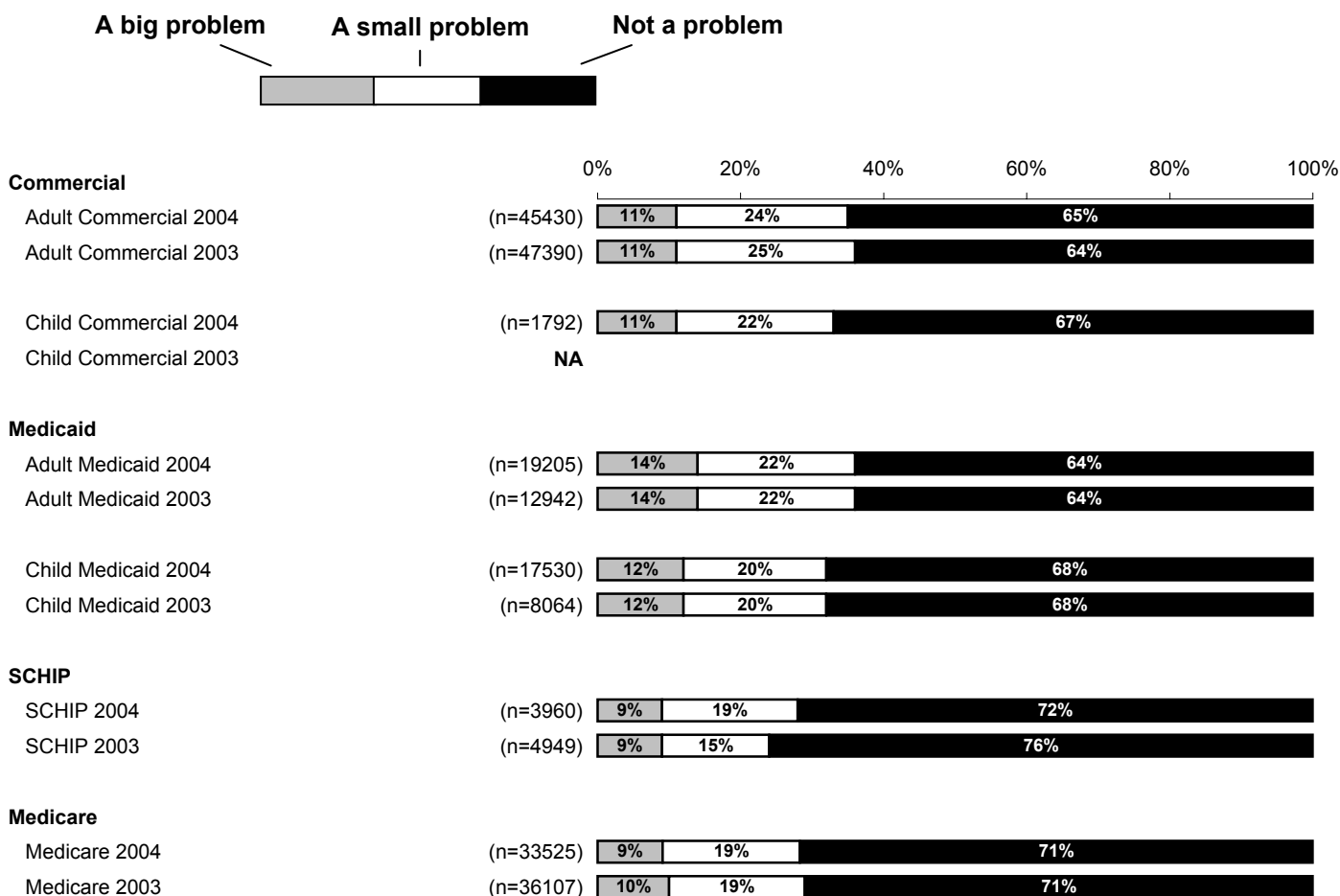
NOTE: Response distributions may not sum to 100 percent due to rounding.

## How much of a problem, if any, was it to find or understand information.



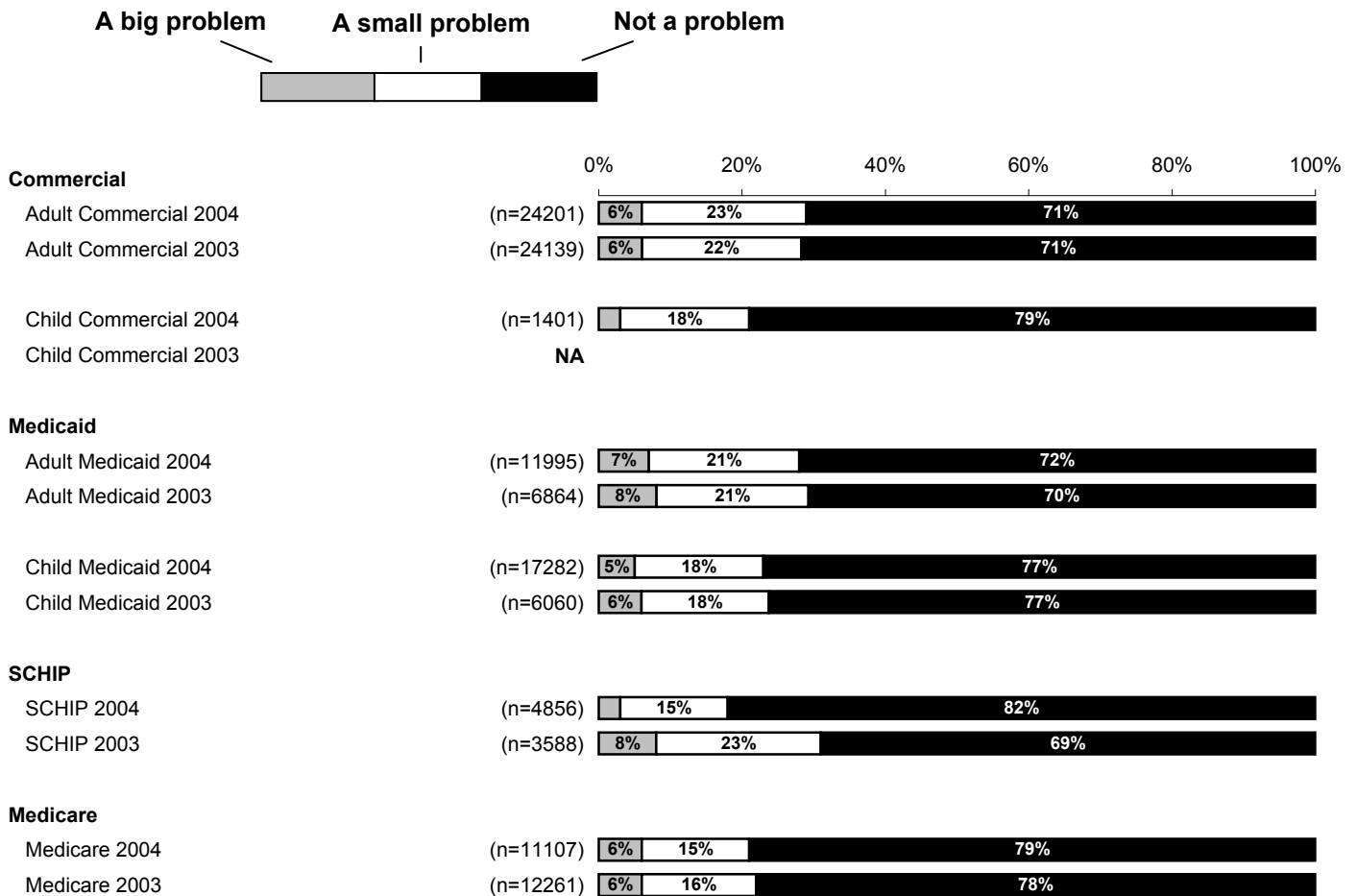
NOTE: Response distributions may not sum to 100 percent due to rounding.

## How much of a problem, if any, was it to get the help consumers needed when they called their health plan's customer service.



NOTE: Response distributions may not sum to 100 percent due to rounding.

## How much of a problem, if any, did consumers have with paperwork for their health plan.



NOTE: Response distributions may not sum to 100 percent due to rounding.

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## ***Results for Rating Questions***

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The CAHPS Health Plan Survey includes four rating questions designed to distinguish among important aspects of care. The four questions ask plan enrollees to rate their experiences in the past 12 months (6 months for Medicaid enrollees) with:

- their personal doctor or nurse;
- the specialist they saw most often;
- health care received from all doctors and other health providers; and
- their health plan.

Ratings are scored from 0 to 10, where 0 is the “worst possible” and 10 is the “best possible.”

The following charts show the distribution of CAHPS Health Plan Survey scores across the four sectors for each of the four ratings.<sup>3</sup> An “NA” indicates that insufficient data were available to generate results.

### **Supporting Information in the Appendix**

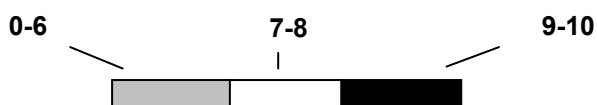
The Appendix lays out the individual survey items and response options that make up each of the composites, as well as the wording and response options for each of the rating questions.

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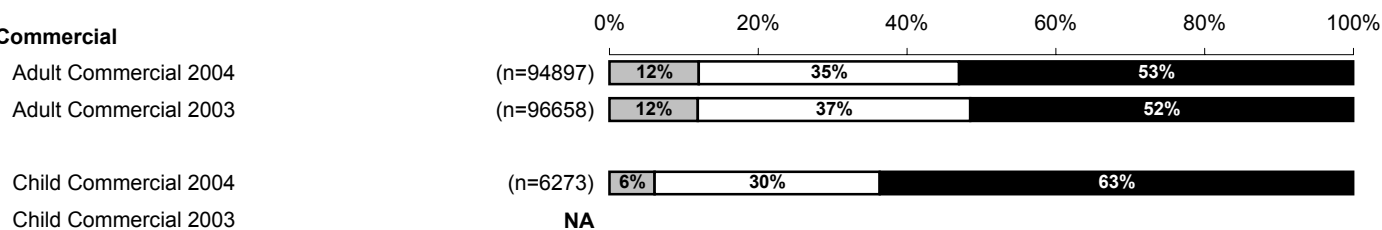
<sup>3</sup> The Medicare Managed Care Survey results presented in these charts may differ from other reports due to the inclusion or exclusion of special beneficiary sub-populations and/or the use of case-mix adjustment variables. These results, as well as those presented elsewhere, originate from the same source – the annual survey of Medicare beneficiaries enrolled in managed care health plans conducted by the Centers for Medicare and Medicaid Services (CMS).

# Overall Rating of Personal Doctor

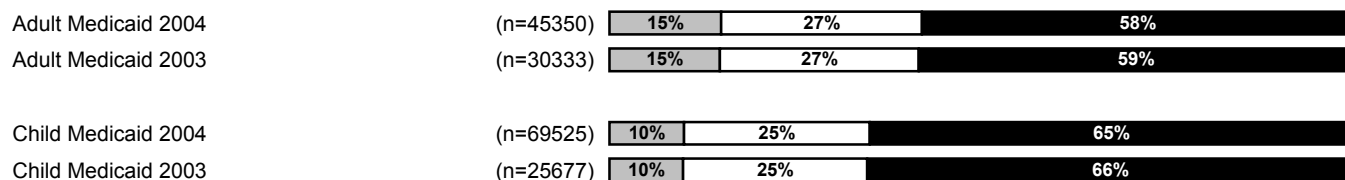
Using 0 to 10 where 0 is the worst possible and 10 is the best possible, how would you rate your personal doctor or nurse?



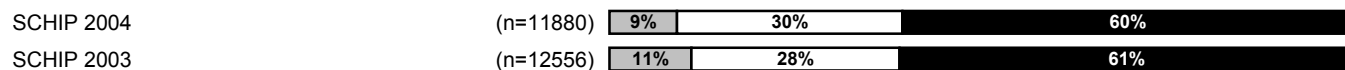
## Commercial



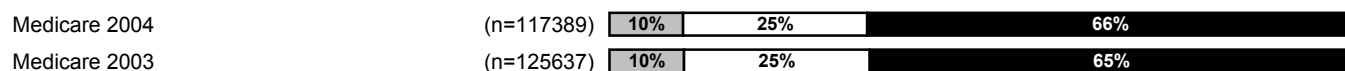
## Medicaid



## SCHIP



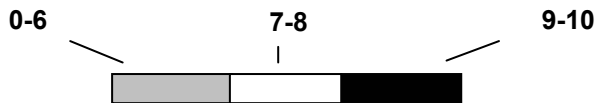
## Medicare



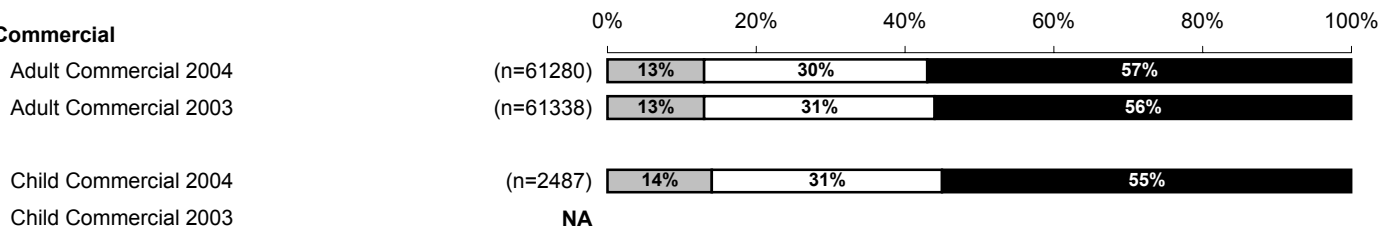
NOTE: Response distributions may not sum to 100 percent due to rounding.

# Overall Rating of Specialists

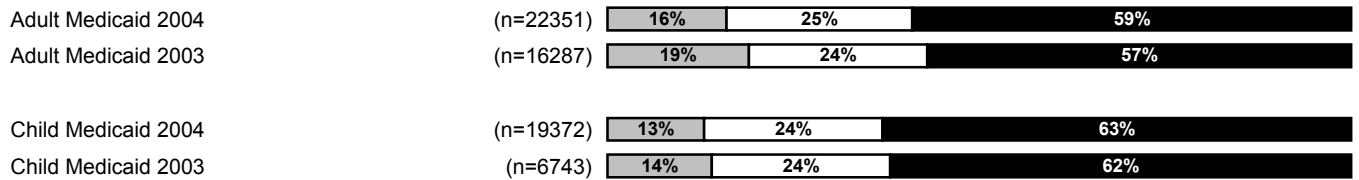
Using 0 to 10 where 0 is the worst possible and 10 is the best possible, how would you rate your specialist?



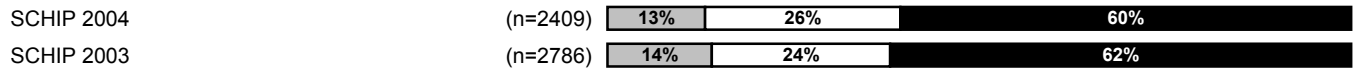
## Commercial



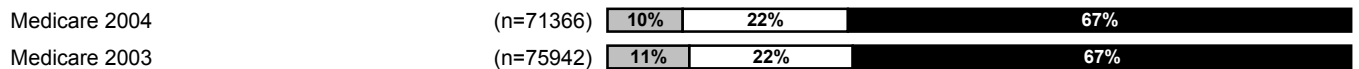
## Medicaid



## SCHIP



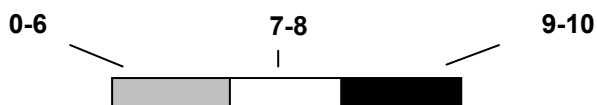
## Medicare



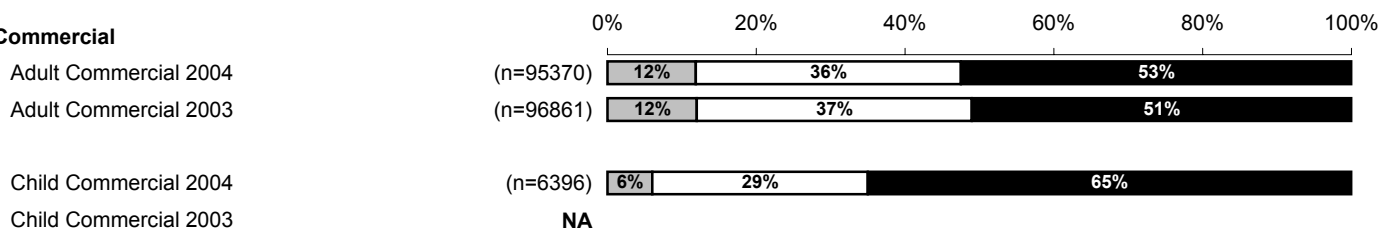
NOTE: Response distributions may not sum to 100 percent due to rounding.

# Overall Rating of Health Care

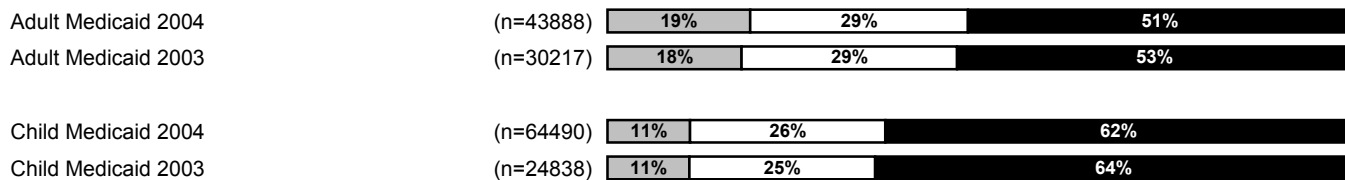
Using 0 to 10 where 0 is the worst possible and 10 is the best possible, how would you rate all your health care?



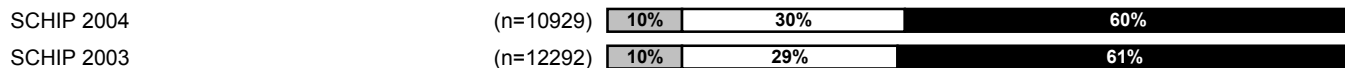
## Commercial



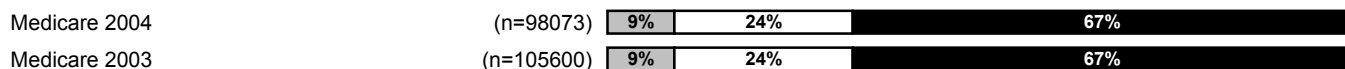
## Medicaid



## SCHIP



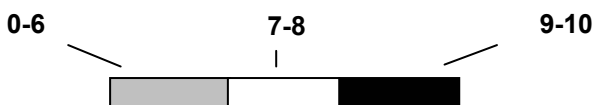
## Medicare



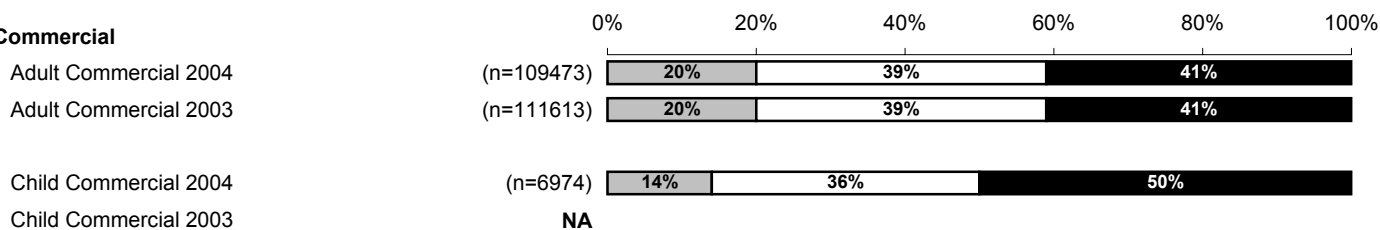
NOTE: Response distributions may not sum to 100 percent due to rounding.

# Overall Rating of Health Plan

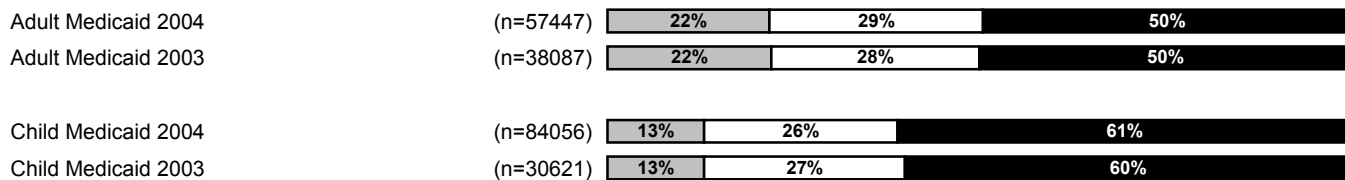
Using 0 to 10 where 0 is the worst possible and 10 is the best possible, how would you rate your health plan?



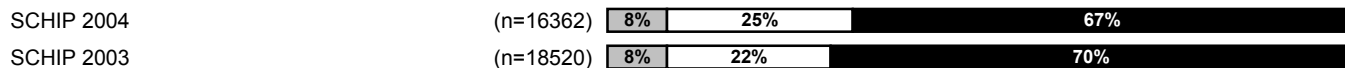
## Commercial



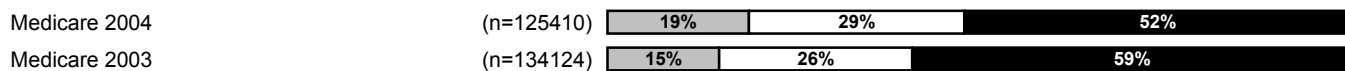
## Medicaid



## SCHIP



## Medicare



NOTE: Response distributions may not sum to 100 percent due to rounding.

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## ***Appendix: Definition of Reporting Composites and Ratings***

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The charts on the following pages present the individual items and responses for each of the CAHPS Health Plan Survey's reporting composites and ratings.

- Chart 1 presents the individual items in each of the five reporting composites.
- Chart 2 presents the question wording for each of the four rating questions.

**Chart 1. Items in the CAHPS 3.0 Health Plan Survey Reporting Composites**

<b>Reporting Composites and Items</b>	<b>Response Groupings for Presentation</b>
<b>Getting Needed Care</b>	
<ul style="list-style-type: none"> <li>Since you joined your (child's) health plan, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?</li> </ul>	A big problem, A small problem, Not a problem
<ul style="list-style-type: none"> <li>In the last...months, how much of a problem, if any, was it to see a specialist that you (your child) needed to see?</li> </ul>	A big problem, A small problem, Not a problem
<ul style="list-style-type: none"> <li>In the last...months, how much of a problem, if any, was it to get the care, tests, or treatment (for your child) you or a doctor believed necessary?</li> </ul>	A big problem, A small problem, Not a problem
<ul style="list-style-type: none"> <li>In the last...months, how much of a problem, if any, were delays in (your child's) health care while you waited for approval from your (child's) plan?</li> </ul>	A big problem, A small problem, Not a problem
<b>Getting Care Quickly</b>	
<ul style="list-style-type: none"> <li>In the last...months, when you called during regular office hours, how often did you get the help or advice you needed (for your child)?</li> </ul>	Never + Sometimes, Usually, Always
<ul style="list-style-type: none"> <li>In the last...months, not counting times you (your child) needed health care right away, how often did you (your child) get an appointment for health care as soon as you wanted?</li> </ul>	Never + Sometimes, Usually, Always
<ul style="list-style-type: none"> <li>In the last...months, when you (your child) needed care right away for an illness, injury, or condition, how often did you (your child) get care as soon as you wanted?</li> </ul>	Never + Sometimes, Usually, Always
<ul style="list-style-type: none"> <li>In the last...months, how often were you (your child) taken to the exam room within 15 minutes of your (your child's) appointment?</li> </ul>	Never + Sometimes, Usually, Always
<b>Doctors Who Communicate Well</b>	
<ul style="list-style-type: none"> <li>In the last...months, how often did (your child's) doctors or other health providers listen carefully to you?</li> </ul>	Never + Sometimes, Usually, Always
<ul style="list-style-type: none"> <li>In the last...months, how often did (your child's) doctors or other health providers explain things in a way you could understand?</li> </ul>	Never + Sometimes, Usually, Always
<ul style="list-style-type: none"> <li>In the last...months, how often did (your child's) doctors or other health providers show respect for what you had to say?</li> </ul>	Never + Sometimes, Usually, Always
<ul style="list-style-type: none"> <li>In the last...months, how often did (your child's) doctors or other health providers explain things in a way a child could understand?</li> </ul>	Never + Sometimes, Usually, Always
<ul style="list-style-type: none"> <li>In the last...months, how often did doctors or other health providers spend enough time with you (your child)?</li> </ul>	Never + Sometimes, Usually, Always
<b>Courteous and Helpful Office Staff</b>	
<ul style="list-style-type: none"> <li>In the last...months, how often did office staff at a (your child's) doctor's office or clinic treat you (and your child) with courtesy and respect?</li> </ul>	Never + Sometimes, Usually, Always
<ul style="list-style-type: none"> <li>In the last...months, how often were office staff at a (your child's) doctor's office or clinic as helpful as you thought they should be?</li> </ul>	Never + Sometimes, Usually, Always
<b>Health Plan Customer Service</b>	
<ul style="list-style-type: none"> <li>[Screener question]: In the last...months, did you look for any information about how your (your child's) health plan works in written material or on the Internet? [yes, no]</li> </ul>	
<ul style="list-style-type: none"> <li>In the last...months, how much of a problem, if any, was it to find or understand this information?</li> </ul>	A big problem, A small problem, Not a problem
<ul style="list-style-type: none"> <li>In the last...months, how much of a problem, if any, was it to get the help you needed when you called your (child's) health plan's customer service?</li> </ul>	A big problem, A small problem, Not a problem
<ul style="list-style-type: none"> <li>In the last...months, how much of a problem, if any, did you have with paperwork for your (child's) health plan?</li> </ul>	A big problem, A small problem, Not a problem

**Chart 2. Rating Items in the CAHPS 3.0 Health Plan Survey**

<b>Rating Items</b>	<b>Response Grouping for Presentation</b>
<b>Rating of Personal Doctors</b>	
<ul style="list-style-type: none"> <li>Use any number on a scale from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your (child's) personal doctor or nurse now?</li> </ul>	0-6, 7-8, 9-10
<b>Rating of Specialists</b>	
<ul style="list-style-type: none"> <li>Use any number on a scale from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the (your child's) specialist?</li> </ul>	0-6, 7-8, 9-10
<b>Rating of Health Care</b>	
<ul style="list-style-type: none"> <li>Use any number on a scale from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your (child's) health care?</li> </ul>	0-6, 7-8, 9-10
<b>Rating of Health Plan</b>	
<ul style="list-style-type: none"> <li>Use any number on a scale from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your (child's) health plan now?</li> </ul>	0-6, 7-8, 9-10